Are the kids alright?

Young Australians in their middle years

Final report of the Australian Child Wellbeing Project

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Overview

The Australian Child Wellbeing Project was conducted by researchers at the Flinders University of South Australia, UNSW Australia (The University of New South Wales), and the Australian Council *for* Educational Research. It was funded by the Australian Research Council through a Linkage Grant (LP120100543), and supported by Partner Organisations: the Australian Government Department of Education and Training, the Australian Government Department of Social Services, the Australian Institute of Health and Welfare, and the Australian Bureau of Statistics.

The Project Steering Group (PSG) was chaired by Professor George Patton, University of Melbourne. Members included the Chief Investigators (Associate Professor Gerry Redmond, Dr Jennifer Skattebol and Professor Peter Saunders), Partner Investigators (Professor Dr Sabine Andresen, Professor Jonathan Bradshaw and Dr Sue Thomson), representatives of the Partner Organisations, and independent advisers: Dr Ben Edwards (Australian Institute of Family Studies); Dr Penny Dakin (Australian Research Alliance on Children and Youth); Associate Professor Pammi Raghavendra (Flinders University); and Dr Margaret Raven (UNSW Australia).

For more information about the project, please visit: www.australianchildwellbeing.com.au

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Abbreviations

ABS	Australian Bureau of Statistics
ACBPS	Australian Covert Bullying Prevalence Study
ACER	Australian Council *for* Educational Research
ACOSS	Australian Council of Social Service
ACWP	Australian Child Wellbeing Project
AIFS	Australian Institute of Family Studies
AIHW	Australian Institute of Health and Welfare
ATSI	Aboriginal and Torres Strait Islander
CALD	Culturally and Linguistically Diverse
CDS	Child deprivation scale
COAG	Council of Australian Governments
CTC	Communities that Care
DET	Department of Education and Training (previously known as DEEWR: Department of Education, Employment and Workplace Relations)
DSS	Department of Social Services
FAS	Family Affluence Scale
FHC	Family Health Concern
HBSC	Health Behaviour in School-aged Children
HILDA	Household, Income and Labour Dynamics in Australia
HowRU	Victorian Adolescent Health and Wellbeing Survey
IRSD	Index of Relative Socio-economic Disadvantage; SEIFA index
LBOTE	Language Background Other Than English
LSAC	Longitudinal Study of Australian Children
MCEETYA	The Ministerial Council on Education, Employment, Training and Youth Affairs
MDI	Middle Years Development Instrument
OECD	Organisation for Economic Co-operation and Development
OOHC	Out of Home Care
PIRLS	Progress in International Reading Literacy Study
PISA	Programme for International Student Assessment
PSG	Project Steering Group
SDAC	Survey of Disability, Ageing and Carers
SEIFA	Socio-Economic Indexes for Areas, Australia
SES	Socio-Economic Status
SIH	Survey of Income and Housing
SNAICC	Secretariat of National Aboriginal and Islander Child Care
SHWB-NZ	Sustainable Health and Wellbeing Survey - New Zealand
TIMSS	Trends in International Mathematics and Science Study
UNCROC	United Nations Convention on the Rights of the Child

Executive Summary

Compared with the early years and adolescence, young people in their middle years (ages 8-14 years) have received relatively little attention from policymakers other than in the space of academic achievement, where national curricula are being developed, and a national assessment program is in place. Yet there is growing recognition that this is a time when young people experience rapid physical and mental development, and face a transition from primary to secondary school.

The Australian Child Wellbeing Project (ACWP) included in-depth discussions with over 100 young people, and a national survey of over 5,400 in school years 4, 6 and 8, about their lives and wellbeing during this crucial period. In ACWP wellbeing was conceptualised very broadly in terms of what young people themselves think is important. In discussions, young people highlighted four domains in particular: family, health, friends, and school, as well as a number of issues that cut across these domains, such as bullying. Most of the items in the survey focused on these issues, as well as on other issues rated as less important but still significant – community and neighbourhood, and money.

The purpose of this report is to present a description of the project's findings: its aims and methods, summary descriptive results and detailed analysis of a number of specific issues. The national survey was designed to compare the wellbeing of young people who are recognised as marginalised in the Australian context with that of non-marginalised young people. The report therefore includes analysis of wellbeing among young people in five marginalised groups – young people with disability, young carers, young people who are materially disadvantaged, culturally and linguistically diverse young people, and Indigenous young people; supplemented with more limited analysis of wellbeing among young people in rural and remote Australia, and young people in out of home care (because the number of survey participants in these groups was small).

The survey was also designed to allow comparison of certain aspects of young Australians' wellbeing with that of young people in other countries, and this report includes some comparisons that provide new information on the wellbeing of young Australians.

It is important to note that this is an integrated mixed-method study. Young people's perceptions informed survey design, and survey data in turn have been analysed in concert with information from young people in focus group discussions and interviews. Further in-depth discussions with young people have been conducted to follow-up on issues arising out of the survey data analysis. The project therefore combines width through a representative survey, and depth in young people's perspectives on specific issues. Utilising this approach, it builds on previous child centred research on the relationship between marginalisation and opportunities for young people.

Key messages

Overall, the findings from this project suggest four key messages:

(1) The middle years are important. There is a lot going on in young people's lives at this time, and policy needs to pay attention to more than their academic achievement.

(2) Marginalisation is associated with low wellbeing. For example, it is evident from this study that young people who are marginalised report worse health and do not engage in school to the same extent as young people who are not marginalised. This is problematic in terms of the health and human capital development of marginalised young people.

(3) Young people are experts in their lives. They were the key informants in this study, and should be the key informants on policies affecting them.

(4) Policy action to improve the wellbeing of young people in their middle years must be accompanied by rigorous monitoring and evaluation of progress. This is already occurring in terms of academic achievement, however, monitoring other forms of achievements needs strengthening, especially with respect to young people in their middle years.

Policy relevance

The manifestations of low wellbeing are evident in matters of direct concern to policy. Marginalised young people who go hungry, miss school, are bullied, or experience multiple health complaints are likely to miss out on opportunities for healthy development and strengthening their human capital. The disadvantage that they experience in childhood may follow them into adulthood. Governments now recognise that addressing these complex issues requires joined-up approaches that reach across policy silos. For example, schools cannot on their own address hunger or frequent absences, but they nonetheless have a direct interest in reducing them.

Australian governments need to agree on a set of priorities for young people in their middle years, and especially marginalised young people, that encompass opportunities for their healthy development. This includes development of their human and social capital, of which academic achievement is just one element.

Investment in concrete targets that improve young people's wellbeing will advance their capabilities in the space of health and human capital development. But in order to act effectively, governments should foster an appreciation of the complex roots of these problems, and develop policies that are sensitive to the needs of young people who are marginalised. This suggests consultation with these young people on their aims and aspirations, and the challenges they face in realising them.

Key Findings Chapter by chapter

Chapter 5: Ranking domains

An innovative item in the survey instrument allowed participants to rank the key domains for the 'good life', as identified in in-depth discussions with young people, in order of importance to them. Participants could place all six domains on the top shelf if they wished, or distributed them among six shelves. On average, and in all years, survey participants ranked the six domains in terms of importance for the good life as: (1) family (2) health (3) friends (4) school (5) community, and (6) money. Summary findings from the survey for each domain are presented in this order. Marginalisation and wellbeing across multiple domains is discussed in Chapter 14.

Chapter 6: Family

- In the qualitative work, young people's definitions of family included the people they lived with, their immediate nuclear families, and complex families with extended kin networks.
- About three quarters of the participants lived with both their mother and father. About 13%-14% lived in a single parent household.
- One in four participants indicated a family health concern - a family member affected seriously by disability or long-term illness, depression or mental illness, or addiction to alcohol or other drugs. Over a quarter of participants with a family health concern in Year 6, and over a third in Year 8, reported having caring responsibilities for this family member (see also Chapter 15).
- Over 84% of participants in all Year levels reported talking together at least most days in the last week. Two thirds of participants reported having fun with their family at least most days last week.
- A notable proportion of participants (between 15% and 30%) indicated worrying 'a lot' about the possibility of a significant other getting arrested, fighting, not having a place to stay or enough to eat, or moving away or hurting somebody.
- Around 90% of all participants felt very close to their mother and around three quarters felt equally close to their father. Thirty per cent of participants at each year level also felt very close to a pet.
- About two thirds of participants reported being very close to between two and five people. Three in ten participants in Years 4 and 6, and two in ten in Year 8 reported being very close to six or more people.
- Between 2% and 3% of participants at each year level reported that did not feel very close to anyone.

Chapter 7*: Health*

- In the survey young people ranked health as the second most important domain for having a good life.
- In the in-depth discussions, young people generally discussed health in in terms of their own health. In some groups, discussions of health also encompassed the health of family members (for example, a parent or grandparent). This was seen important for young people's wellbeing.
- A notable proportion of Years 4, 6 and 8 participants reported that they 'often' or 'always' went to school or bed hungry. (see also Chapter 16)
- Participants in a number of marginalised groups (participants with disability, carers and materially disadvantaged participants) were considerably more likely to report going to school or bed hungry than non-marginalised participants.
- Proportions reporting having smoked or been drunk in the previous month (less than one in every twenty) appear to be low by international standards. However, participants with disability and carers (who had the lowest wellbeing in a number of domains) were appreciably more likely to report these behaviours than non-marginalised participants.

- More than 90% of participants in Years 4, 6 and 8 perceived their subjective health as being either 'excellent' or 'good'. However, twice as many Year 8 participants with disability, carers and those who were materially disadvantaged reported 'fair' or 'poor' health compared with those in the non-marginalised group.
- Difficulty sleeping was reported by all year levels as the most frequent health complaint, occurring almost every day for 12-16% of participants in Years 4, 6, and 8.
- About one third of participants in all three year levels experienced two or more health complaints on a regular basis.
- The level of health complaints reported by ACWP survey participants appears to be close to the average of those reported by 11-12 and 13-14 year olds in other countries.

Chapter 8: Friends

- In-depth discussions with young people revealed how friends were seen as important, but that friendships also caused anxiety and stress. In the survey, friends were ranked highly, following family and health.
- Across all year levels, a high proportion of participants reported having many close friendships, with approximately 60% of participants in Years 4, 6 and 8 reporting five or more close friends.
- Systematic differences emerged by sex, across all year levels, for the number of close friends, with boys more likely than girls to report that they had five or more close friends.
- Participants in Years 6 and 8 were more likely than Year 4 participants to report that they shared their thoughts and feelings with their closest friend.
- About 17% of all young people experienced at least one form of bullying at least weekly. Year 4 participants reported experiencing bullying more frequently than Year 6 and Year 8 participants.
- The most commonly experienced bullying behavior at all three year levels was when a young person told lies about another in order to influence peer behavior towards the young person being bullied.
- About one in five participants in Year 8 and one in three participants in Year 4 reported having been bullied by a friend.

Chapter 9: School

- Across all year levels, more than four in five of participants reported feeling safe and secure at school. However, school satisfaction was higher for participants in Years 4 and 6 than for participants in Year 8.
- There were few differences between the marginalised groups and the non-marginalised participants in terms of school satisfaction, except for Year 8 participants with disability who reported low levels of school satisfaction.
- Participants in Years 4 and 6 perceived their teachers to be more supportive than participants in Year 8.
- Young people with disability in both Years 4 and 6 and in Year 8 perceived teachers to be considerably less supportive than was the case among young people who were not in any marginalised group.

- Young people with disability, young carers, materially disadvantaged young people and culturally and linguistically diverse young people in Year 8 were all more likely to miss school regularly than non-marginalised Year 8s. Differences between marginalised and non-marginalised groups in Years 4 and 6 were more muted.
- Missing school frequently is strongly associated with moving home or school more than once in the past year, particularly for young people in marginalised groups.
- Over seven in ten non-marginalised young people in Year 8 aspired to university as their highest level of education. However, this was the case for fewer than six in ten materially disadvantaged young people, and fewer than four in ten Indigenous young people.
- While parental interest in school learning was higher in Year 4 compared with Years 6 and 8, the frequency with which parents ensured participants made time for homework was the same across year levels.
- Notably higher proportions of young people with disability, young carers, materially disadvantaged young people and Indigenous young people than non-marginalised young people in Year 8 reported that their parents 'never or almost never' talked with teachers.
- International comparison suggests that Australian boys and girls may experience higher levels of pressure from schoolwork than boys and girls in most other developed countries. School pressure is closely associated with psychosomatic health complaints, especially among girls.
- More than half of all participants reported doing homework 'every day or almost every day' at all year levels, whereas about one quarter of participants in all year levels reported 'never or hardly ever' playing sports. The proportion of participants indicating that they 'never or hardly ever' played sports increased systematically over the three year levels.

Chapter 10: Neighbourhood

- Survey participants gave a low ranking to community/neighbourhood domain. The qualitative work revealed that community was a confusing domain for some, with the exception of the Indigenous and culturally and linguistically diverse young people.
- Across all year levels, 50 to 75% of participants reported 'lots of fun things to do' in their neighbourhoods.
- Roughly three quarters of participants across Years 6 and 8 reported that they felt safe when they were out in their neighbourhood during the day. However, only four in ten Year 6 and 8 participants reported that they felt safe when they were out in their neighbourhood during the evening.

Chapter 11: Material wellbeing

- Participants in both the survey and the qualitative work rated money low in terms of its importance for the 'good life'. While in-depth discussions with young people revealed that they understood the need for money, they often considered it unimportant relative to other domains.

- Nearly all participants reported that their family had a car, and money to put petrol in it. Over three quarters reported having their own bedroom, and about the same proportion reported having a dishwasher at home.
- Over eight in ten reported travelling away on holidays with their family at least once in the previous year. Two in ten did not have holidays away from home.
- 6-9% of participants reported having no books, or very few books, in the home.
- Across all year levels, more than three-quarters of participants reported that they were not deprived materially in that they had an iPod, money to save, clothes, and were able to go on school camp. Fewer participants reported having a mobile phone, especially in Years 4 and 6. (see also Chapter 13)

Chapter 12: Life satisfaction

- Eighty per cent of all participants considered their life to be close to or at the best possible level. Year 4 participants were more likely than both Year 6 and Year 8 participants to consider their life as the 'best possible life' they could have.
- Young people with disability or from culturally and linguistically diverse backgrounds were less satisfied with their life overall than were other participants.
- Almost four in five participants either agreed or strongly agreed that they felt positive about the future.
- Marginalised young people reported being less positive about the future than non-marginalised young people.
- In international comparison, young Australians' rating of their quality of life sits close to the international average.

Chapter 13: Affluence, deprivation and wellbeing

The deprivation approach – applied here for the first time to measure poverty among young people in Australia – addresses many of the limitations of the conventional poverty line approach. Importantly, it utilises data provided by young people themselves to identify their deprivation status and what form it takes.

Young people were asked about seven family items. When they missed out on tree or more items it was most commonly missed out on: a bedroom of their own, a dishwasher and a family holiday away in the last year. Very few young people lacked the other four family items: a car, van or truck; money to put petrol in the car; a computer; and a bathroom in the house. In total, between 11% and 14% of young people missed out on at least two of the seven identified family items. In terms of child items, around one in five young people reported that they did not have access to money they could use to save each month. Over one-quarter of young people in Years 4 and 6 were deprived of at least two out of the five identified child items, compared with around a tenth in Year 8.

The deprivation rate among Years 4 and 6 is around 13% compared to 6% among those in Year 8 if a combined deprivation measure is used – defined as not having at least one of the seven family items and at least two of the five child items. Across the sample as a whole, the combined deprivation rate is 11%. This varies across different groups of marginalised young people. It is highest at around one in five among young carers and those from culturally and linguistically diverse backgrounds and slightly lower among those with a disability. For

young people in the non-marginalised group, the corresponding figure is 8%. Although only exploratory at this stage, the results suggest that a robust child deprivation measure should combine the absence of both family items and child items.

Chapter 14: Marginalisation and Wellbeing

This Chapter explored differences in wellbeing between five marginalised groups of young people, and non-marginalised young people, in both Years 4 and 6, and in Year 8. Wellbeing indexes were constructed from 12 indicators for five domains of wellbeing: life satisfaction, subjective health, family cohesion, school engagement and relationship with peers. Scores on these sub-domain indexes were analysed separately, and aggregated into an overall wellbeing index.

Young people in the marginalised groups scored lower on the overall wellbeing index than non-marginalised young people. The gap in wellbeing scores between marginalised and non-marginalised groups was greater among Year 8 participants than among Years 4 and 6 participants. Among Year 8s, only wellbeing index scores for the culturally and linguistically diverse participants were close to scores for the non-marginalised participants. Scores for all other marginalised groups were considerably lower.

Cluster analysis was used to identify groups of participants with very high and very low wellbeing in all domains. The group with very high wellbeing comprised about 37% of Year 4 and 6 participants, and 31% of Year 8 participants. The group with very low wellbeing comprised 7% of participants in Years 4 and 6, and 10% in Year 8, of whom over half were in one or more marginalized groups. The study concludes by arguing that while it is important to have supports in place to improve the wellbeing of young people in their middle years in one or more of the marginalized groups, it is also important for service providers to recognize that there may be large proportions of young people with very low wellbeing who are not in a marginalized group.

Chapter 15: Family Health Concerns

Approximately 25% of participants reported that a member of their family had a serious health concern – disability or chronic illness, depression or mental illness, or drug/alcohol addiction. Rates of family health concerns (FHCs) varied slightly across each year level. However, participants who reported a FHC also reported experiencing more frequent psychosomatic health complaints (headaches, stomach aches, etc.) than participants without a FHC. Year 8 girls with FHC reported a higher symptom load than boys with FHC. However, there was no difference in symptom load between the sexes with FHC at Years 4 and 6. Materially disadvantaged young people and young people with disability were more likely to report FHCs than non-marginalised young people. Furthermore, among those with FHCs, materially disadvantaged young people and young people with disability had a higher symptom load than non-marginalised young people with a FHC. Indigenous young people were more likely to report a FHC than non-Indigenous young people. However symptom load did not differ between the two groups. Due to one quarter of the sample reporting a FHC and the higher symptom load with a FHC, policy needs address the impacts of FHC and involving population based approaches.

Chapter 16: Absolute Poverty and Capabilities

The analysis used clothing and food deprivation measures, something for the most part ignored by policy makers, together with Amartya Sen's Capabilities Approach to argue that severe material deprivation impacts young people's development and educational opportunities. The survey data show that deprivation in the space of food and clothing is particularly concentrated among young people in marginalised groups, for example, young people with disability, young carers and Indigenous young people. These forms of deprivation are also strongly associated with reduced engagement at school – rates of hunger and clothing deprivation are higher among young people with low school engagement scores than among those with high school engagement scores. Data from in-depth interviews with young people show how these forms of deprivation impact their lives, how they experience (and try to avoid) shame, how they are excluded and marginalised, and how this impacts their education. The impact of this type of poverty on young people's wellbeing and development requires attention from policy makers, and suggests the need to address the kinds of absolute poverty discussed here.

PART 1: DEVELOPING THE SURVEY

Chapter 1 Introduction

1.1 Purpose of the project and links to previous work

Improving the wellbeing of Australia's population is a continuing policy priority for Australian governments. This is expressed in the Treasury's Wellbeing Framework (Gorecki and Kelly, 2012) which provides a rationale for policy intervention which "extends beyond narrow measures of living standards". With respect to children and young people, strategic policy documents, including the Melbourne Declaration on Educational Goals for Young Australians (MCEETYA, 2008), and Investing in the Early Years—A National Early Childhood Development Strategy (COAG, 2009) highlight the importance of adopting a perspective that recognises the whole child, "across cognitive, learning, physical, social, emotional and cultural dimensions" (COAG, 2009: 4). Through these documents Australian governments emphasise a national aspiration towards maximising individual opportunity. This includes the aspirations that a young person's background (including culture, disability, family circumstances, socio-economic status and remoteness) should not influence his or her achievements, and that the gap in key social and economic outcomes between Indigenous and non-Indigenous people should be closed.

Until recently little was known about how young Australians conceptualise and perceive their own wellbeing, how these conceptualisations and perceptions correlate with other aspects of their lives, and how their lived experience informs their world views. To successfully implement policies that promote opportunities for all young people to develop to their full potential policymakers need to understand this important motivator – how young people in general, and disadvantaged young people in particular, understand their own wellbeing. The middle years (8-14 years) in particular have been out of the policy and research spotlight until recently. The Australian Child Wellbeing Project (ACWP) was developed in response to a growing interest among governments and researchers in Australia in obtaining young people's own perspectives on their lives, and in obtaining a more comprehensive picture of young people in their middle years.

ACWP is a child-centred study that used young people's perspectives to investigate the wellbeing of Australian children in their middle years. It offers two important innovations to the field of child wellbeing studies which typically adopt standardised measures (or develop scales based on reviews of the literature) to investigate the prevalence of states and cognitions thought to be congruent with positive development. First, ACWP uses integrated mixed methods to place children's perspectives at the centre of the development of representative and internationally comparable data about Australian children (and sub-populations within this broad group). Second, ACWP was designed from the outset to offer insight into how wellbeing is conceptualised and experienced by groups of young people who are often seen as experiencing high levels of disadvantage or marginalisation in the Australian context. Initial focus was on six groups; Indigenous young people, culturally and linguistically diverse young people, young people with disability, young people in rural and remote Australia, materially disadvantaged young people, and young people in out of home care. Following early analysis of the initial data, a seventh group was added; young carers.

The study commenced in July 2012. In Phase one, in-depth group work and child-centred interviews on what young people see as important in their lives were conducted with nearly one hundred 8-14 year olds in the six original marginalised groups mentioned above, and in the 'mainstream'[1]. The young people's perspectives were used to inform the design and implementation of a large nationally representative survey, conducted by the Australian Council *for* Educational Research (ACER) in the second half of 2014. The survey involved participants in Years 4, 6 and 8[2], drawn from a sample of over 180 primary and secondary schools in every State and Territory. Additional in-depth interviews followed the survey in order to provide further insight into salient issues that the survey brought to light.

Conceptualising wellbeing

Wellbeing of young people in their middle years is important for their current quality of life, and for their future development. While it is generally accepted that the impact of context and environments matter for young people's positive development – this is a key insight of Uri Bronfenbrenner's ecological model of child development (Bronfenbrenner and Morris, 2006) wellbeing is defined in various ways across and within academic and professional disciplines (O'Hare and Gutierrez, 2012).

Disciplinary differences notwithstanding, there is broad agreement that young people's wellbeing is a multi-faceted concept incorporating both subjective experience and objective circumstances (Statham and Chase, 2010), and encompasses physical, relational, social and emotional, developmental, and environmental domains (Hamilton and Redmond, 2010). Some factors such as supportive relationships with family and friends tend to reinforce young people's sense of positive wellbeing, and experiences such as exclusion, bullying and conflict can have the opposite effect (Boyden and Mann, 2005). In other words, young people's feelings and relationships are integral to their wellbeing, but so are their physical health and the circumstances in which they live. This highlights the integrated nature of wellbeing – how wellbeing in one domain can influence wellbeing in other domains (Heckman, Stixrud and Urzua, 2006).

If we accept the integrated nature of wellbeing it is important to recognise the impossibility of separating one's perceived state of wellbeing from mechanisms that support one to maintain wellbeing within one's circumstances. For example, the conceptualisation of wellbeing in terms of a mental state (such as happiness or subjective wellbeing) can be seen as problematic if it is accepted that people adapt to even the most adverse of circumstances. As Amartya Sen puts it, "The defeated and the down-trodden come to lack the courage to desire things that others more favourably treated by society desire with easy confidence" (Sen, 1987: 10).

This raises a key tension in measuring wellbeing. Subjective evaluations of life satisfaction and happiness do not always correlate with more 'objective' assessments of people's circumstances (Camfield and McGregor, 2005). This does not mean that subjective measures are unreliable, just that they capture different phenomena to those reflected in

[1] The terms 'mainstream' or 'non-marginalised' have been used throughout this report to refer to young people who are not usually seen as the targets of policy intervention.

[2] In Australian schools in general, most young people begin primary school aged 5. In Year 4, young people are generally aged 9-10 years old, Year 6, 11-12 years old. Year 8s are generally 13-14 years old.

objective assessments. Teasing out the differences between social and cultural influences and circumstances on the one hand, and adaptation to lived experience on the other, requires a detailed understanding of how young people with diverse experiences, and living in a range of environmental contexts, translate that lived experience into conceptualisations of wellbeing.

The research in this project draws on a concept of wellbeing that acknowledges subjectivity, but also seeks to reflect social and cultural influences, the contexts in which young people live, and the world views associated with life in adverse circumstances (Nussbaum, 2012; White, 2010). Sarah White (2010) offers a useful concept of wellbeing that captures the interaction between an internal sense of self and the external environment. Broadly, White characterises wellbeing as comprising of a young person's material and environmental circumstances, their relationships, and how they think about themselves in the context of those circumstances and relationships.

To this end, the study examined the conceptualisation and attainment of wellbeing in aggregate and across diverse groups of Australian young people in their middle years, with a particular focus on capturing the different social and cultural influences and circumstances which shape wellbeing among groups of young people who experience marginalisation.

An evidence base for policy development

Recent years have witnessed an extraordinary growth in interest among governments and researchers in Australia in obtaining a more comprehensive picture of young people in their middle years (Bahr and Pendergast, 2012; Macdonald, Rodger, Abbott *et al.*, 2005). At the time this study began, national initiatives to monitor children's health and development included the Child and Adolescent Component of the National Survey of Mental Health and Well-being, and the Longitudinal Study of Australian Children (LSAC) as well as number of state level initiatives that examine young people's physical and mental health and development in the middle years, such as the HowRU study and the Victorian Child Health and Wellbeing Survey (Victoria), and the Middle Years Development Index (South Australia and Western Australia).

Consistent with 'whole child' approaches, this project has sought to advance knowledge on the complex interactions between different domains of young people's lives which shape (and indeed constitute) their wellbeing. For example, how does learning or holding significant family responsibilities interact with health, or a sense of subjective wellbeing? How are experiences of bullying or exclusion associated with perceptions of engagement and performance at school?

The Melbourne Declaration's 'whole child' framework underpins much of this work. It enshrines the national goal that all young Australians "become successful learners, confident and creative individuals, and active and informed citizens" (MCEETYA, 2008: 9). A report for the Department of Education and Training (DET) states that a key element of the wellbeing needed to attain this goal is "satisfaction with self, relationships and experiences" (Erebus International, 2008: 7), or subjective wellbeing. The overarching vision of the Australian Government's National Safe Schools Framework is that "[a]ll Australian schools are safe, supportive and respectful teaching and learning communities that promote student wellbeing" – this includes the right of all members of the school community "to feel safe and be safe at school" (DET, 2010). Therefore, the importance of young people's

subjective wellbeing (especially in terms of safety at school and positive learning environments) is recognised in public policy, and considerable progress has been made in understanding specific issues that are known to be related to young people's wellbeing, such as bullying (Cross, Shaw, Hearn *et al.*, 2009). However, broader measures of wellbeing that are integral to developing 'whole child' approaches continue to present some challenges for policy development.

The education sectors have been active in wellbeing policy development and implementation. For instance, the NSW Middle Years Strategy aims to develop whole-school and cross-community approaches to student welfare that build positive relationships, foster respect and responsibility, and provide targeted early intervention and support. The South Australian Learner Wellbeing Framework outlines important domains of educator practice which may impact on learner wellbeing, including the learning environment, partnerships between teachers, families and other agencies, and policy environments. The framework acknowledges that all of these domains can impact on young people's wellbeing as learners. The framework is underpinned by three propositions:

- Wellbeing is central to learning and learning is central to wellbeing.
- Educators make a positive contribution to learner wellbeing.
- Wellbeing is built on the strengths of individuals, groups and communities working together.

Consistent with this understanding, the ACWP has sought to generate information that allows the associations between different domains of wellbeing to be explored and linked more directly to policy. The project is grounded in the view that young people are experts in their own lives and as such are the best informants for policy that aims to have a positive impact in their lives. This view has formed the foundation for the development of research questions, the design of the project and the selection of appropriate methods.

1.2 Research aims and questions

The overarching aim of the ACWP was to arrive at profiles of different groups of Australian young people in their middle years in terms of their wellbeing, with a particular focus on marginalised young people and with a view for international comparisons. The research questions were:

- How do diverse groups of Australian young people in the middle years conceptualise wellbeing?
- How do conceptualisations and assessments of wellbeing differ between marginalised and non-marginalised young people?
- How does young people's wellbeing overlap and correlate with lived experience – of peer and family relations, of school and educational achievement, of affluence and poverty, of inclusion and exclusion, and of safety and risk?
- How can young people's conceptualisations and assessments of their wellbeing inform policy with respect to health, education and other services?

These research aims are grounded in an epistemological approach which asserts that young people construct their worlds, actively respond to their environments, are experts in their own lives, and are critical informants about matters that concern them. This approach is

consistent with the view that children and young people have a right to be heard, as stated in the United Nations Conventions on the Rights of the Child (UNCROC). The methods selected to investigate the questions about child wellbeing are informed by ACWP's focus on 'the whole child', and recognition of young people as situated in particular environmental contexts.

The broad 'whole child' approach is consistent with approaches in Australian policy, as evidenced by the Australian Government's development of 19 headline indicators of young people's wellbeing across multiple dimensions (AIHW, 2009), more recently followed by an initiative to develop a set of indicators for adolescents and youth (http://www.aihw.gov.au/chi/). The whole child approach is also consistent with growing recognition of the rights of the child, and with trends towards more comprehensive international monitoring of young people's development and wellbeing (Andresen and Fegter, 2011; Ben-Arieh, 2008; Bradshaw, Hoelscher and Richardson, 2006; OECD, 2009a; UNICEF, 2007, 2010). For these reasons, the study aims to capture elements of young people's wellbeing that are instrumentally important in providing information that could be used for improving academic performance and equity, but also intrinsically important. Consistent with the New Sociology of Childhood, it recognises the child in the present (as being) as well as growing towards adulthood (becoming) (Qvortrup, 1994).

1.3 Integrated Mixed Method Approach

This section describes how young people's voices and perspectives have been privileged in the integrated, mixed method design of the ACWP. There are still relatively few examples of child-centred, mixed method research approaches. However, one notable exception concerns the work of Ungar and Liebenberg (2011), whose development of the Child and Youth Resilience Measure facilitated an understanding of resilience across cultures and informed the early design of this study.

The ACWP used an integrated mixed method approach to understanding young people's perceptions of wellbeing. The project utilised an 'exploratory sequential design' (Fetters, Curry and Creswell, 2013: 2136), comprising of six interrelated phases of activity (Figure 1.1)

- Phase One: in-depth work with young people in order to develop a picture of their understandings on wellbeing.
- Phase Two: development of a survey instrument based on findings from Phase One; cognitive interviews with young people in specific marginalised groups also informed this phase.
- Phase Three: implementing a field trial and adjusting the survey instrument.
- Phase Four: rollout of a nationally representative survey.
- Phase Five: analysis of survey data, leading to further work with young people to support interpretation of findings from the survey, and deepen understanding of specific issues.
- Phase Six: dissemination of project findings, and engagement with policymakers

The project also included the views of young people who represent middle Australia, which we have called 'non-marginalised' or 'mainstream', who do not typically experience the disadvantages associated with marginalisation, and who are less often the objects of specific

policy attention. A detailed description of the abovementioned groups and the sampling strategies are provided in Chapter 3.

While young people in the seven marginalised groups listed above are known to experience considerable disadvantage in comparison with the 'mainstream', research suggests there may also be significant differences in worldviews that shape their conceptualisation of wellbeing, their self-appraisal of their wellbeing, and how they may adapt their views in circumstances of adversity. These differences in worldview might be expected to influence responses to survey items that attempt to measure wellbeing (Ungar, Brown, Liebenberg *et al.*, 2007; Ungar and Liebenberg, 2011). Ensuring that the instrument developed for the national survey was sensitive to diverse dispositions and experiences, especially those associated with marginalisation, was an important aim of the project.

The phases of the project therefore worked in sequence and sought to actively inform each other (Figure 1.1). As Bryman (2007: 8) argues, analysis and interpretation of findings from each phase informing subsequent phases is a key aspect of the integrated mixed method approach, and that different methods within the approach should not be separate but seen instead as "mutually illuminating".

The quality of the integrated method research design has been strengthened by the interdisciplinary nature of the research team and by the Project Steering Group (PSG) of experts and advisers who have met regularly throughout the project. The research team and PSG comprised researchers with academic experience in the fields of education, sociology, economics, psychology, epidemiology, policy and disability studies. Onwuegbuzie, Bustamante and Nelson (2010: 63) argue that drawing from a panel of local experts and key informants (in the ACWP this included recruitment partners involved in Phases 1 and 5), enhances reliability and validity of the data as it is generates an instrument that is socially and culturally appropriate and useful. Interdisciplinarity has informed the collection, analysis and interpretation of both in-depth and quantitative survey data and has been an important element of integration in the mixed method approach (Bryman, 2007).

1.4 The phases of the research

The initial phase of the project aimed to employ qualitative child-centred methods to develop an understanding of how young people in Australia conceptualise and perceive their own wellbeing, how these conceptualisations and perceptions correlate with other aspects of their lives, and how their lived experience informs their world views. This work was then used to develop and implement a nationally representative school-based survey of young people's wellbeing in the middle years. The survey was developed to be in part comparable with similar school based surveys in a number of other countries.

In the first phase of qualitative work, the research team used a range of visual techniques (including drawings, and work with iPad apps) to examine how young people from the six initial marginalised groups (n = 78; young carers were not explicitly targeted in this phase of the research) and two 'mainstream' groups (n = 19) conceptualise 'the good life', understand its different dimensions and perceive the connections between them. The approach combined lead-in activities that used visual prompts, for example having a cartoonist on-hand to draw pictures of what the young people thought was important for them, and young people themselves using an iPad to construct visual representations of components of 'the good life'. Engaging with iPads, or a computer based medium, is a

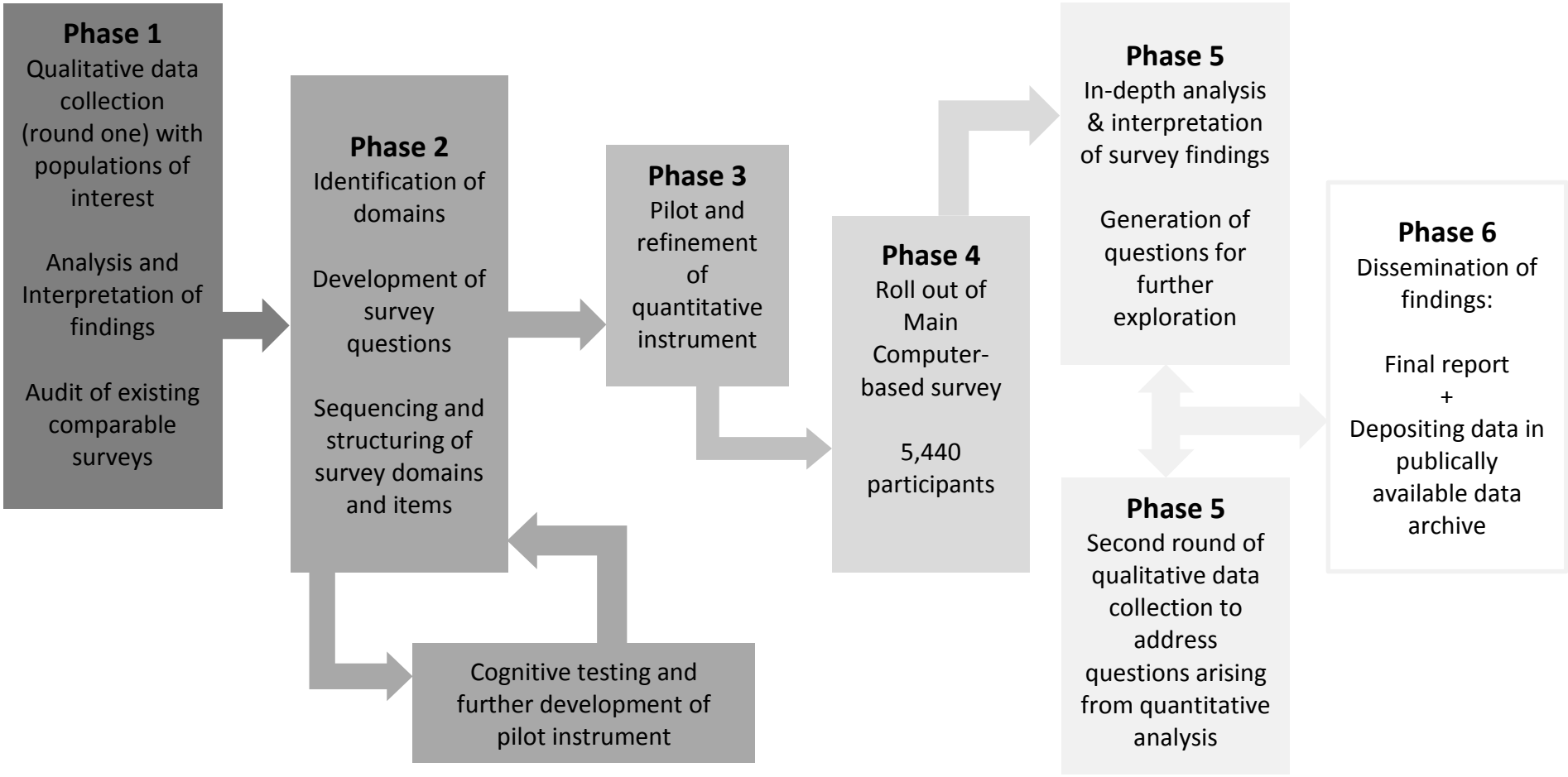
method particularly appropriate for young people with language difficulties, and those unfamiliar with talking to strangers. In many cases (where young people agreed to it) group work was followed with personal in-depth interviews, in order to better understand young people's concepts and motivations.

Phase two of the project involved the development of the wellbeing indicators which was informed by the analysis and interpretation of the findings from the first qualitative phase of the project. It also included a review of literature and existing wellbeing measures, considerations related to online implementation, two stages of feed-back from the PSG as well as cognitive interviews with young people in the target population (that is, in school Years 4, 6, and 8) who responded to various versions of the field trial questionnaire. Phase three of the research involved piloting the resulting questionnaire with participants in Years 4, 6 and 8 across 21 schools within NSW and Victoria. The field trial prompted further refinements of the survey instrument and method. Nastasi, Hitchcock, Sarkar *et al.* (2007: 172) define this phase of mixed method research as the "instrument development and validation phase" which is important for developing culturally relevant measures. Thus, Phases two and three were important for ensuring that the survey instrument was culturally relevant and positioned young people at the centre. Onwuegbuzie *et al.* (2010: 58) consider the enhancement of an instrument in this way (what they have labelled as 'instrument fidelity') as a key rationale for mixed method modelling.

Following these initial phases, the main survey was conducted at Phase four. This involved sampling and preparation – drawing a nationally representative sample of schools who were invited to participate in the study; and rollout, which involved disseminating the instrument to 180 schools that had agreed to participate between July and October 2014. In total 5,440 young people participated in the survey. Phase five involved in-depth analysis of the survey data, and design and collection of a second round of in-depth research with young people in some of the identified marginalised groups in order to deepen understanding of survey findings, and incorporate their perspectives into the analysis. Analysis of the survey data and in-depth data was integrated to enhance and extend our thinking about young people's responses. For example, in the focus groups at Phase one, young people ranked family as the most important domain in their lives. However, there was considerable variation among them in terms of how they described their families – who they counted as family members, and how family supported them, and they supported other family members. The survey data supported this finding, but analysis also raised further questions about how families might function according to the size and composition of family networks. Thus, a second round of qualitative work was designed to support and enhance the interpretation of the survey findings, leading to further refined research questions (Fetters *et al.*, 2013).

This report comprises one output from Phase six of the project, which also involves a public launch, and deposition of a documented survey dataset in a public data archive.

Figure 1.1 Integrated mixed method design



1.5 Populations of interest

The project's focus on wellbeing in contexts of disadvantage and marginalisation has required careful consideration to the way populations who might experience disadvantage are defined in policy and could be defined and identified in this research. Some key characteristics of each group (what differentiates them from other groups and the factors associated with their marginalisation) are discussed in this section.

It is important to note that in this project, two approaches to the identification of young people in the different marginalised groups were taken. At Phase one (discussed in detail in Chapter 2), young people in the different marginalised groups who participated in the in-depth research were identified through intermediaries or gatekeepers. At Phase four, specific questions were included in the survey instrument in order to allow identification of participants as being in one or more marginalised groups. However, it was intended that the concepts would be consistent across both phases, so that young people who were identified as being in a specific marginalised group at Phase one would likely identify as being in the same group in the main survey.

It is important to note that any population group can be defined in several alternative ways. Often, the definition is closely connected to the purpose. In the ACWP, the intention is that where possible and desirable, young people could self-identify as belonging to a particular group that is often seen as marginalised in the Australian context. Self-identification places young people at the centre of the research, and acknowledges them as experts in their own lives. However, this also means that in practical terms the definitions used (that is, the survey questions through which young people self-identify) may differ from policy definitions. For example, a young person may self-identify as being with disability, even if they are not formally acknowledged as such by service providers. In other cases, belonging to a population of interest is determined by particular characteristics; for example, being deprived of certain socially accepted basic goods and services, or providing care to family members. In such cases belonging to a population is inferred through the way questions are answered rather than through direct questioning. In the remainder of this section, the characterisation of each group, particular to this project, is explained.

Young people with disability

Both internationally and within Australia, definitions and models of 'disability' are contentious (Eide and Ingstad, 2011). Measures of disability commonly used in Australia (supported by the Australian Institute of Health and Welfare) define people with disability as being those with a condition that lasts or is expected to last at least six months and who experience limitations in their performance of an activity or participation in society (AIHW, 2009). A second measure defines people who experience a severe core activity limitation as those who sometimes or always need help with mobility, self-care or communications (AIHW, 2009). However it can be argued that these individual and medical models of disability focus on the health status of the individual which is seen as underlying all outcomes in terms of life situation and social experiences (Ingstad and Whyte, 2007). Therefore these models have been characterised as disempowering and reinforcing, rather than challenging social exclusion (NDA, 2002). In response, other models focus on society and its disabling structures rather than on the person or persons with impairment (Good, 2003). The World Health Organisation offers an alternate conceptualisation: disability as "a dynamic interaction between health conditions (diseases, disorders, injuries, traumas etc.)

and contextual factors" (WHO, 2001: 8), an experience common to all humans across their life span.

The voices of young people themselves have been largely absent from research on young people with disability (exceptions include Foley, Blackmore, Girdler *et al.*, 2012; Goodley and Runswick-Cole, 2010). While a majority of young people with disability live at home with families, attend mainstream schools and have rights to inclusion and equal treatment enshrined in legislation and international conventions, they are often excluded from research, from policy considerations on matters affecting them, and in their everyday lives (Stalker, 2012). While all young people have a wide range of strengths and capabilities, there is recognition that there are also barriers to full participation in society for young people with disability (Maguire, 2011). These include lower participation rates in many areas of life considered to be important for wellbeing (AIHW, 2009; Edwards and Higgins, 2009).

The in-depth research began with consultations with key experts working in the area of disability practice and research. The consultation process aimed to develop a detailed working definition of disability that incorporated some of the differences and diversity of experiences that reflect every day realities of young people with disability. This then informed the selection of recruitment partners, fieldwork strategies and appropriate tools. Based on these consultations, the ACWP took a non-diagnostic and non-condition-specific approach.

The sample for the in-depth research with young people with disability was identified through two organisations: a service which provided information and support to children with physical disabilities; and a not for profit, community based organisation that offered support and recreational activities to people with disability and their families. These partners were consulted on the most appropriate form of research including advice around the suitability of focus groups or individual interviews, fulfilling any support requirements, and the content of workshops, including duration, appropriate activities and tools. The aim of recruitment through several agencies was to include a diverse sample of young people with disability in order to capture diverse experiences and perspectives.

Materially disadvantaged young people

As a population of interest, young people who are materially disadvantaged were central to the study. In keeping with standard practice in Australia (and in the wider poverty literature), the definition of material disadvantage that the ACWP employs is relative: children and young people are disadvantaged when they do not have the resources, or engage in the activities that are considered normal in their community.

In practice, material disadvantage in childhood has been defined for measurement purposes in a number of ways:

- Children living in households with less than half median household income, where household income is adjusted for the size and composition of the household (OECD, 2009a);
- Children living in households with low levels of consumption relative to a minimum standard, or to the average (Menchini and Redmond, 2009);

- Children living in jobless households, that is, where no adult member is in paid employment (Whiteford, 2009)
- Children living in households that depend for most of their income on government pensions or income support payments (Pech and McCoull, 1998);
- Children living in households where members receive special concession cards or allowances from Australian or State governments, for example, a Health Care Card, an Educational Maintenance Allowance (Victoria), or a school card (South Australia) (Skattebol, Saunders, Redmond *et al.*, 2012);
- Children living in households that lack access to certain goods and services that are considered important for participation in society, for example adequate nutrition and clothing, having friends visit for dinner, dental treatment where needed, access to computer and internet, and children having a birthday party (Saunders, 2011);
- Children living in households where the parents report having difficulty paying rent or other bills, or report other forms of financial hardship (Mullan and Redmond, 2012);
- Children living in households in a suburb or neighbourhood with a low Socio-Economic Index for Areas (SEIFA score) as estimated from Census data by the Australian Bureau of Statistics (ABS, 2008; Vinson, 2007)
- Children who access services that are aimed at supporting children and young people who are economically disadvantaged (for example, the Smith Family's Learning for Life program, programs instituted under the Communities for Children initiative, or youth clubs in areas that are known to be economically disadvantaged) (Skattebol *et al.*, 2012).

If a key factor in material disadvantage is seen as the personal experience of material hardship, then it is important to point out that none of the above definitions directly captures this. Some measures, moreover, do not capture well household experience of material disadvantage. This may be the case for example with the SEIFA, where the assumption is made that all households in a neighbourhood or suburb (as well as all the people within each household) share a roughly equivalent living standard.

Socio-Economic Indexes for Area (SEIFA) summary measures developed by the Australian Bureau of Statistics (ABS) were used to identify these areas (ABS, 2008). The Index of Relative Socio-economic Advantage and Disadvantage (IRSD) is one of four SEIFA indexes used to describe socio economic conditions by geographical areas. This provides a 'continuum' of location advantage and disadvantage ranging from 1 to 10 (1 being the most disadvantaged and 10 being the most advantaged) based on a number of 2006 Census variables including income, education and employment (ABS, 2013d). Nonetheless, the SEIFA is a convenient means of identifying young people who are likely to be materially disadvantaged. Thus, materially disadvantaged young people at Phase one were identified through schools in suburbs with a very low SEIFA score.

Young people from culturally and linguistically diverse backgrounds

A significant number of young people from families with recent migration experience are marginalised in the Australian context. The term 'culturally and linguistically diverse' is commonly used to refer to all of Australia's non-Indigenous ethnic groups other than the English-speaking majority (Sawrikar and Katz, 2009). There exists a great diversity in the outcomes of young people from ethnic minorities (Marks and McMillan, 2000) which

underscores the heterogeneity of experience among young people who fit culturally and linguistically diverse classifications. Many young people from non-Anglo backgrounds possess significant cultural and educational capital that contribute to their wellbeing and outcomes while others are faced with compounding economic and educational disadvantages.

Migration is often associated with challenges to the wellbeing of families and young people, most commonly in the early period of resettlement. However, little is known about the channels through which migration affects children's wellbeing (Harttgen and Klasen, 2008). While the many positive characteristics commonly attributed to migrants plays an important role in adaptation and participation, migrants also face significant challenges. Some young people from some migrant backgrounds, notably those who are refugees, often have little or no experience of formal schooling. For others, the cultures of Australian schools may be at odds with those previously experienced (Gifford, Correa-Velez and R, 2009). This may interact with or produce intergenerational conflict (Mansouri and Skrbis, 2013).

The sample for culturally and linguistically diverse young people in the Phase one qualitative research was recruited through an organisation that worked closely with migrant and refugee families (from Tamil, Dari, Hindi, Arabic, Mandarin, Korean language backgrounds). A relationship was built with this partner organisation over a period of six months. In addition to assisting with the arms-length recruitment of participants, service staff also advised the researchers on the nature and potential sensitivities of the communities and the research design. On the recommendation of the service provider, the researchers made informal contact with families before they attended family programs and social events organised by the service in order to build rapport and provide information about the project and planned research activities. It is important to note that while a relatively large number of respondents to the ACWP survey identified as culturally and linguistically diverse (that is, they spoke a language other than English at home), analysis of the quantitative data to date has not disaggregated this group according to other characteristics associated with marginalisation. This is the subject of further research. Therefore, in the survey findings presented in this report, culturally and linguistically diverse young people often have comparatively good indicators of wellbeing.

Indigenous young people

The 'Commonwealth definition' of an Aboriginal or Torres Strait Islander person comprises three components: descent, self-identification, and community acceptance (ABS, 2014b).

Many Indigenous families and communities (throughout this report, we refer to Aboriginal and Torres Strait Islanders as Indigenous) seek to engage in traditional cultural practices and reclaim a sense of cultural identity to alleviate the ongoing effects of colonisation such as intergenerational trauma, cultural disconnection and family disruption. Indigenous culture is recognised as a strength, and a protective force for children and families (Department of the Prime Minister and Cabinet, 2012; SNAICC, 2011). However, headline indicators developed by the AIHW suggest Indigenous young people are generally disadvantaged compared to mainstream children in terms of health and socio-economic outcomes (Biddle, 2014). It is recognised that this type of data needs to be balanced with empirical evidence that captures the complexities of how culture and family interact with material and social conditions to shape the wellbeing of Indigenous young people.

AIHW (2012b: 4) states: “there are many important areas where, at the national level, there is not sufficiently robust information to show how well Indigenous children are faring, or how they compare with non-Indigenous children”. For example, the complex family structure of Indigenous communities is not well represented in national statistics. The lived realities for many Indigenous families is that family may live across multiple households with a complex web of support, obligation and reciprocity between them (Lohoar, Butera and Kennedy, 2014) are poorly captured in representative data. Yet research suggests that family (as conceptualised broadly in kinship networks) has positive effects on children’s wellbeing (Guilfoyle, Saggers, Sims *et al.*, 2010; Lohoar *et al.*, 2014; Walker and Shepherd, 2008).

The population structure also differs considerably between Indigenous and non-Indigenous communities. Indigenous young people under the age of 15 years comprise 36% of the total Indigenous population, and Indigenous young people under the age of 25 years comprise 56%; the comparable shares for the non-Indigenous population are 18% and 32%, respectively (ABS, 2013c). This means that Indigenous young people have fewer adults ‘per head’ compared to the mainstream population (Stanley, 2015). Conversely it means that communities with relatively few adults are required to respond to the material, emotional, social, intellectual and spiritual needs of high numbers of young people. This raises important questions about how such resource demands are experienced by young people and how policy can best to direct resources to Indigenous young people.

The process of qualitative research with Indigenous young people began by talking with community leaders who work with them. Researchers met with the local Indigenous health advisory committee, and with various groups of community leaders and Indigenous Elders. The research team also set up a stall at a regional health fair day attended by local Indigenous school students. This provided an opportunity for young people, parents and other family members to meet the researchers and talk with them about the project. Young people were then invited to participate in the research via staff at a local youth project. This connection was maintained throughout the life of the project for all phases of the research.

Young people living in rural and remote areas

Two-thirds (70%) of the Australian population live in major cities (Baxter, Hayes and Gray, 2011). The majority of the remainder live in provincial cities and towns, and fewer than 3% live in rural and remote areas (Baxter *et al.*, 2011; Edwards and Baxter, 2013). Available information on the wellbeing of children and young people in rural and remote areas of Australia suggests that, on average, young people have poorer access to services and poorer educational outcomes than young people in metropolitan areas (AIHW, 2009). For example, 2015 NAPLAN results show that 2.6% of Year 3 students in metropolitan areas performed below the national minimum standard in reading, compared with 12.4% in remote areas, and 36.4% in very remote areas (ACARA, 2015, Table 3.R5). One recent study argues that young people’s outcomes depend to a large extent on the level of disadvantage in the rural/regional area in question (Edwards and Baxter, 2013). In other words, it may not be the tyranny of distance, but rather the tyranny of disadvantage, that plays the major role in producing worse outcomes for rural and remote young people.

There are three major administrative and statistical classifications that describe geographical areas, namely the RRMA (Rural, Remote and Metropolitan Areas) classification (developed in 1994), ARIA (Accessibility/Remoteness Index of Australia) classification

(developed in 1997) and ASGS (Australian Statistical Geography Standard – Remoteness Areas; developed in 2011, and currently being phased in). The sample for 'rural and remote' young people for the qualitative work was drawn from an area that was classified as remote in all three methodologies. The location they identified was classified as remote by RRMA (Rem1), ARIA (R index score = 6) and ASGC-RA (R). Young people were recruited and fieldwork conducted through their local school.

Young people in out of home care

Young people living in out of home care situations are those living away from their family home, or the home of their birth parents, because their parents are unwilling or unable to provide the care they require (Dunne and Kettler, 2006: 22). In Australia in 2013, 7 in every 1,000 children aged under 18 years were living in out of home care (Goldsworthy, 2015), a rate that had doubled since 1997 (ARACY, 2013). Young people in this group are more likely than the average to experience difficulties with their mental health (including depression and behavioural issues) and difficulties at school (for example, attentiveness in class) (Dunne and Kettler, 2006; Messing, 2006; Tarren-Sweeney and Hazell, 2006). These young people are also more likely to experience difficulties in forming and sustaining meaningful relationships (Tarren-Sweeney and Hazell, 2006: 96).

Young people may be living in out of home care for a very short time or on an ongoing basis, and some may have experienced multiple placements (Dunne and Kettler, 2006: 24). 'Pathways' into care have been shown to be associated with young people's wellbeing, alongside the age at which they entered care (Tarren-Sweeney and Hazell, 2006: 89) and whether or not they are placed with sibling/s (Dunne and Kettler, 2006: 24).

There are two groups of young people in out of home care: those who have been placed in statutory out of home care as determined by the Children's Court, and those who are being cared for informally by relatives or others in the community. In the former, the court may determine whether parental responsibility for the young person is placed with relatives or kin, foster parents, or adoptive parents, or whether the young person goes into residential care, or has independent living arrangements. Kinship care may involve a range of informal living arrangements, often with a relative or member of the kin network (Leslie, Landsverk, Horton *et al.*, 2000: 318). In Australia, most kinship care outside of the child protection system is provided by grandparents (AIHW, 2009: 89; Goldsworthy, 2015). In 2014, 93% of young people in formal out of home care arrangements were in home-based care, with 41% in foster care, and the remainder living with relatives or kin or other arrangements (Goldsworthy, 2015).

Research suggests that the experiences of young people in foster care are considerably different from the experiences of those in kinship care. Young people in non-kinship foster care have greater difficulties with their mental health, behaviour, and learning outcomes (Dunne and Kettler, 2006: 22; Messing, 2006; Tarren-Sweeney and Hazell, 2006: 95). Children in kinship and foster care can have different experiences of stigma among their peers (Messing, 2006).

Kinship carers are more likely than non-kinship carers to be materially disadvantaged because they are more likely to be single parents or older people on low incomes (Dunne and Kettler, 2006: 26; Messing, 2006). Some research also reveals a higher level of carer-child conflict in kinship carer situations than in foster care situations because kinship carers

are more likely to be strict or over-protective. The propensity for family conflict with the young person's birth parents is also higher (Dunne and Kettler, 2006: 26).

The sample of out of home care young people for the qualitative work was recruited through several organisations that work with children in out of home care in both foster care and kinship care. These two recruitment partners collaborated with the researchers to organise group activities and follow up interviews with young people in both foster and kinship care.

Young Carers

Young carers became a population of interest after the Phase one qualitative work was complete. Illness, disability and mental health, and associated caring responsibilities, were much discussed in a number of groups. The importance of the issues was also underscored in discussions with Principals Australia and with practitioners in education departments who told us that the issue of young people caring for family members with a mental illness is a major issue for schools and education.

There is a large body of literature which suggests that taking on caring responsibilities has a significant impact on the wellbeing of children and young people. Carers are recognised as a marginalised group in the Australian context (as they are in other rich nations). However, in Australia, there are currently no reliable statistical data on young carers under the age of 15. The ABS Survey of Disability and Caring (SDAC) does identify some carers under the age of 15. However these are identified by a proxy respondent, rather than young people themselves self-identifying, and the number identified is low, approximately 1.7% of all children aged 0-14 (ABS, 2014a).

It is important to note that no specific qualitative research was conducted with this population of interest.

'Mainstream' young people

Existing research suggests that the majority of Australian children do not face significant disadvantages (ARACY, 2008, 2013). It was important that the project captured the worldviews of 'non-marginalised' or 'mainstream' young people as well as the worldviews of more marginalised young people.

The sample for 'mainstream' young people in the in-depth research was drawn from areas where, on average, most households are relatively economically comfortable. The researchers compiled a list of suburbs in the Sydney metropolitan area that rated '7' out of 10 on this SEIFA IRSD index, and randomly selected a small number of suburbs in the Sydney metropolitan area from this list. In these suburbs, researchers then targeted organisations, associations and local council-run recreational activities for children in the middle years. The researchers then recruited and conducted data collection through recreational programs run by a local council.

1.6 Reporting findings on marginalised and non-marginalised young people

This report presents findings from all five phases of the project, and is divided into three parts. The structure of the report aims to demonstrate the integration of mixed methods by 'integrating through narrative' (Fetters *et al.*, 2013: 2142). In this report, the integration of the narrative will involve the *weaving* of the qualitative and quantitative findings which will be organised by the key themes or concepts that arose from the findings (ibid).

The weaving of qualitative and qualitative finding is especially important given that the purpose of the project was to further knowledge on marginalisation and wellbeing. As becomes clear in the following chapters, the in-depth research allowed articulation of factors associated with particular survey findings. This allowed the construction of a richer and more child-centred picture of marginalisation and wellbeing in the Australian context.

Part 1 of the report (Chapters 1-4) discusses early in-depth work with young people, and development and rollout of the survey instrument.

Part 2 (Chapters 5-12) goes on to provide descriptive integrated analysis of survey results and in-depth discussions with young people, whose insights aided survey design and interpretation. A chapter is devoted to each of the domains covered in the survey. Some of these descriptive chapters provide comparison of findings from the survey with findings from comparable international surveys.

Part 3 (Chapters 13-16) provides more in-depth analysis of specific issues and summarises key elements of the project, how knowledge has been advanced, some of the remaining weakness and gaps in the research, and implications for future research. Chapter 17 comprises a conclusion for the report.

Chapter 2 Phase One - Qualitative Research

2.1 Key Points

- Focus group discussions and in-depth interviews were conducted with 97 young people in six marginalised groups, and a non-marginalised group. A key focus of this phase concerned the domains that young people considered important for a 'good life'.
- Qualitative results showed that in all groups, family, friends, school and health were identified as important domains.
- However, young people's perspectives suggested that there was considerable variation in how they defined key domains (for example, family, community).
- Young people in nearly all groups agreed that money and 'things' were not important. However, young people in some groups identified a lack of money as a significant barrier to 'the good life'.
- Young people in some groups had difficulties with the concept of 'community'. However, for Indigenous young people, it was sometimes equated with extended family, and for culturally and linguistically diverse young people, it was sometimes equated with an ethnic community that stretched across countries.
- Some issues were discussed as important across a number of domains. These included bullying (in school, family and community contexts) and learning (which was not always seen as taking place only in school).

2.2 Introduction

Phase one of the project comprised a round of in-depth research with young people. The aim of the qualitative work in this phase was to collect and interpret data that addressed the question: *What do young people think are important to having 'a good life'?* The child wellbeing literature suggests that the 'good life' for children is experienced across a number of domains or contexts of everyday experience (Hamilton and Redmond, 2010). There is broad consensus about the domains and indicators used in existing surveys of young people in their middle years (Land, Lamb, Meadows *et al.*, 2007). Our goal was to enable young people to respond to and conceptually contest these domains if they did not resonate with their personal experiences.

A range of in-depth qualitative methods was utilised to explore the complex life-stories, experiences and individual circumstances of participants. Using in-depth methods provided multiple opportunities for participants in the different target groups to explore shared understandings of wellbeing, and to better understand the perceptions and interpretations of each population group (Liampattong and Ezzy, 2005). The guiding principle in this work was that young people are the experts in their own lives and cultures and need to be provided opportunities to share that expertise (Tisdall, 2012).

Focus groups with young people combined interactive group activities that used visual prompts to generate discussion about the things that are important for having a good life with interactive follow up interviews with some of the group participants. The follow up interviews were also interactive, involving work with vignettes and iPad activities that were

designed to allow young people to talk in more depth about some of the themes that emerged from the group activities. These also served as prompts for discussion about the things that might get in the way of having a good life. Using iPads and vignettes is a method particularly appropriate for young people with language difficulties, and those unfamiliar or uncomfortable with talking to strangers (Due, Riggs and Augoustinos, 2014).

Phase one of the study was approved by the University of New South Wales Human Research Ethics Committee (HREC) and the Social and Behavioural Research Ethics Committee (SBREC) at Flinders University. It was also scrutinised by additional ethics processes required for several of the fieldwork sites, and received ethics approval from relevant jurisdictional authorities and community service organisations. In addition, recruitment partners were consulted extensively about approaches and research methods with the different groups of young people. Instruments moreover were continually refined in the field and informed by methodology research that contends visual-based methods should be adaptable to the needs of the participants in order to best serve the aims of the research (McGuigan, 1997; Pink, 2007).

2.3 Phase one: Aims and research questions

The aim of the Phase one data collection was to use a grounded, deliberative approach to explore young people's views on wellbeing. That is, our starting point was to position young people as experts in their own lives, even where their views did not correspond to categories and language used in existing policy documents and survey instruments. A range of concepts had been identified in a preliminary audit of child-wellbeing literature and surveys as central domains in children's wellbeing - friends; family; school; community; health; money and the things I have and do; and feeling good about myself. We sought to address the following questions so that we could consider children's more open-ended responses in terms of how we might structure and organise a survey:

- Do the domains presented in existing surveys resonate with young people's ideas of the good life?
- Are the domains organised into hierarchies of relative importance?
- How might some domains form prerequisites for others?
- What is the relationship between the domains?
- What do these domains mean for different groups of children?
- What language do the children use to describe these domains?
- What aspects of young people's conceptualisations of wellbeing are underplayed in existing surveys?

We were also interested in what young people see as important within each domain. For example, what do children mean by family, friends, or community? Where are the lines drawn between these categories, and how does this differ between groups? This information assisted with the selection of existing survey items and questions, and with the design of new survey questions that resonated with young people and captured what they considered to be important within each domain. The analysis of language used to describe what is meaningful about each of the domains also supported the development of items and questions on the survey. In summary, the data collected at Phase one informed the

broader structure of the survey and the relative emphasis on different domains, and provided rich qualitative data to support the analysis and interpretation of the findings.

2.4 Phase One: Qualitative Methods

Recruitment

In Phase one of the research, participants were drawn from six of the seven different groups of marginalised young and a group of 'mainstream' young people (these are defined in Chapter 1). The target sample size was approximately 80 young people: 10 in each of the targeted marginalised groups, and 20 in the 'mainstream' group. The final sample comprised 97 young people from across four Australian States and Territories (including ten young people in the pilot group whose data were also analysed alongside those of the 'mainstream' group). Table 2.1 shows that half of the 97 participants, 48 were from NSW, while 31 were from South Australia, with the remainder from ACT and Northern Territory. Of the participants, 41 were boys, and 56 were girls. The majority were aged between 10 and 13 years.

Table 2.1: Group work and interview participants by age, sex and state/territory

	NSW	SA	ACT	NT	Total
Boys	21	12	6	2	41
Girls	27	19	2	8	56
Age					
8-9	14	5	3	0	22
10-11	14	4	2	5	25
12-13	13	19	2	5	39
14	7	3	1	0	11
Activity					
Group	46	31	8	10	95
Follow-up (a)	9	10		10	29
Independent (b)	2				2
Total	48	31	8	10	97

Notes: (a) Follow up interviews with children who had already participated in group activities focused on barriers and protective factors; (b) One-off one-on-one interviews with young people who did not participate in group activities. Data collected were equivalent to those in group activities.

Table 2.2 shows that the largest groups in terms of numbers were the materially disadvantaged group (21 participants), the culturally and linguistically diverse group (20 participants) and the 'mainstream' group (19 participants). The other groups had 8-10 participants. Therefore the targeted number of participants was met in all groups, and exceeded in some. Overall, more girls than boys participated in the Phase one research. Girls also comprised the majority of participants in the culturally and linguistically diverse group, and the materially disadvantaged group.

Table 2.2: Group work and interview participants by age, sex and grouping

	Out of home care	Culturally and linguistically diverse	Regional and remote	Young people with disability	Indigenous	Materially disadvantaged	Main-stream	Total
Boys	6	5	2	6	6	6	10	41
Girls	2	15	8	3	4	15	9	56
Age								
8-9	3	6	0	1	2	3	7	22
10-11	2	5	5	5	3	1	4	25
12-13	2	6	5	3	4	15	4	39
14	1	3	0		1	2	4	11
Activity								
Group	8	20	10	8	10	21	18	95
Follow-up (a)		5	10		0	10	4	29
Independent (b)		0		1	0		1	2
Total	8	20	10	9	10	21	19	97

See Notes to. Table 2.1

To recruit participants, researchers worked with service providers and other organisations (throughout this report referred to as 'recruitment partners') supporting or working with the seven groups of young people. These were mostly service providers who were known to the researchers from previous research projects, or who were introduced through colleagues. Recruitment partners were asked to provide advice on effective sampling strategies and key sensitivities in working with the particular groups of young people on the issue of wellbeing. They were also consulted about the selection of specific research tools and activity and interview formats, and were asked to support the research team in recruiting young people from their services. Recruitment partners were asked to circulate information about the project in various forms (such as specially-designed postcards) to clients of their services. In some cases, recruitment partners selected the young people who participated in the study. Once young people expressed an interest in being involved in the study and had obtained parent/carer consent, the recruitment partners worked with the research team to set up an appropriate time and place to conduct group and individual activities.

Data collection workshop

'Child friendly' methods are characterised by rapport building and establishing the young person as expert within the research dynamic. Focus groups with young people, especially with those from marginalised populations, have been found to be an effective strategy as the presence of peers can help to minimise stress and provide a forum for participants to brainstorm together (Foley *et al.*, 2012). Considerable effort was invested in working around the tendency of young people to respond in line with the habits of schooling which often requires them to supply the answer expected by the teacher – a phenomenon termed by Hatch (1995) as 'correct answer phenomenon'. With this aim in mind, data collection was designed to encourage dialogic exchange through involving continuous negotiation of meaning and multiple modes of expression. Rapport was established through an activity-

based workshop (approximately 2 hours) that employed a range of creative methods including collage, drawing, photography and the use of digital media to engage with children and young people.

The design of the workshops followed a spiral curriculum process that enables students and teachers to revisit the basic ideas repeatedly, building upon them until the student has grasped the full formal apparatus that goes with them. In this case, the line between researchers (not teachers) and young people (in place of students) was somewhat blurred as the expertise in 'what young people think' lay with the participants, with the role of the adult researchers seen as supporting them to develop, articulate and refine these ideas as fully as possible (Lundy and McEvoy, 2011). This positioning of young people as experts encouraged them to share their expertise about their own lives and what wellbeing means to them. Visual methods can also help circumvent some of the challenges that literacy presents to some young people. Activity-based formats can be enabling for participants who find face-to-face verbal communication more difficult (Due *et al.*, 2014).

The social dynamics of data collection involved both group workshops and individual interviews. Group work enabled us to see how perspectives were negotiated and what rationales young people might give to other young people. The individual interviews provided more in-depth discussion on some of the barriers to 'a good life' and also enabled the participation of those who found it difficult to talk in a group and allowed discussion of more personally sensitive issues.

Workshop - seeking consent activities.

An ice-breaker activity designed to enable young people to get to know each other's names kicked off the session. Then researchers sat down and explained the purpose of the research, what would happen, and how issues of confidentiality, consent and complaint would be managed. Ongoing consent procedures were used throughout.

Workshop - data collection activities

Cartooning Brainstorm: Participants were warmed up with a group activity that drew on the skills of a cartoonist. He was asked to draw images representing the young people's ideas when they were asked to brainstorm what was needed for 'a good life'. The cartoonist depicted these images on a large piece of paper which formed the basis of a cartoon poster (mural), used in a later activity. Children were encouraged to 'correct' the illustrator if he drew something that did not align with their thinking.

Domain hierarchy activity: The second data collection activity was a ranking exercise to explore the relative importance of the different domains identified in the brainstorm activity. The purpose of this activity was to encourage participants to share their views on how important the overarching domains were in relation to each other and whether any were missing. This activity was adapted from a tool used in the television series 'Life at 7' (Peedom, 2012) made in conjunction with the LSAC. Young people were presented with seven illustrated cards of the most common domains that have emerged in studies about children's wellbeing (feeling good about myself; family; friends; school; community; health; and money). The participants were then asked to nominate any other domains that they felt were important and missing from the list. Participants then made cards for these additional

domains before they individually ranked them from the most to the least important (see Figure 2.1).

Figure 2.1: Domain ranking exercise

The workshop then encouraged the participants to make their own artefacts (using collage, drawing and iPad collages). These were used as the basis for discussion with researchers in recognition that meaningful data comes from dialogue around the images and narrative rather than exclusively from the images themselves (Gallacher and Gallagher, 2008).

Pic Collage: In the third data collection activity, young people were asked to use a visual storytelling app on the iPad to make images of the things that they considered to be most important to them for having a good life. The purpose of this activity was to enable participants to individually use open ended materials to enable them to represent the things that were most important to them. The app used for this purpose was Pic Collage, which allows users to make a collage, drawing on images from the camera, internet and a customised photo library. For the purposes of this study, each iPad was fitted with a customised photo library with images participants could use if they wished. The images in this photobank library were developed after consultations with recruitment partners who knew the participants. This ensured the images included in the bank were of significance to participants in each of the research sites. Participants were given about 10 minutes to individually work on completing their Pic Collages. It should be noted that many respondents were tech-savvy, and free expression was encouraged, so often personal images and those sourced from commercial sites were used. For this reason, many of these cannot be displayed in this report, and measures to ensure privacy and copyright obligations have been taken in preparing the images used as examples in this report.

Figure 2.2 shows a Pic Collage that was created by a boy in the group of young people with disability. He took a photograph of friends he was working with (obscured here to protect anonymity), inserted an image from the Modern Family television series to represent family and included an image of a hospital. His enthusiasm at being able to make his own images and find things in the picture bank that were meaningful to him is evidenced in his excited comment “Look at mine – look at mine.....I’ve taken family, friends…”

Figure 2.2: Use of customised images

After the domain hierarchy activity, participants discussed their Pic Collages with a researcher for about ten minutes, either singly or in groups of two or three. They were asked to discuss why the domains that they had nominated were the most important and why some were more important than others. This activity provided rich data about how each domain was understood. The collages were also used in follow up interviews.

'Domains of a good life' collage: The fourth data collection activity involved further development of the initial group mural started by the cartoonist, along the theme of what is needed for a good life. The purpose of this activity was to enable young people another opportunity to interact and collaborate to develop the original group representation made with the cartoonist after having had the opportunity to think 'alone'. This activity involved participants adding to the original cartoon poster drawn at the beginning of the session, using cut out magazine images, discussion prompt cards from St Luke's innovative resources, pens, glitter, glue and other materials. As the group worked to produce another visual representation of what is important for the good life, the facilitator asked the following questions: "What is it about each of the areas that is important? What's missing? Are there any other things that are important that we haven't discussed? What about any new areas?" To this end, participants were encouraged to develop the group mural to represent the most sophisticated understandings they had reached about the domains they felt important for having a good life. To illustrate the substantive contribution that could occur in this activity, Figure 2.3 shows one of the participants from the materially disadvantaged group added running shoes between fashion and health. On the one hand running shoes are a highly valued fashion item but their connection to health is made explicit in their placement.

Figure 2.3: Participant additions of 'fashion for health'

Follow-up interviews: The next stage of the research was to conduct follow up face-to-face interviews for 30-45 minutes with workshop participants who agreed to return for an interview. In most cases, the interviews took place in the week after the group activity and again the researchers took a visual and participatory approach to the research. The purpose of the follow-up interviews was to further understand how children from different backgrounds and experiences perceive and manage challenges and changes in their lives and how this may impact on their perceptions of future wellbeing. Conducted with 29 young people, the follow-up interviews revisited individual participant contributions to the workshop in order to add depth to the data. The researchers also:

- Explored the meaning of certain words and themes which came up during workshops and that seemed to be particularly relevant (or not relevant) to the group in which the young person participated.
- Focused in particular on the perceived barriers to 'a good life' for young people (which participants may not have felt comfortable talking about in a group).
- Explored protective factors - challenges and barriers to wellbeing and how young people overcome them, including how they cope with instability and changes in their lives.
- Encouraged discussion around change with a past/present/future perspective.

The first line of questioning revisited the domains cards that were used for ranking in the group activity. Young people were asked what each of the domains meant to them, whether the terms and ideas were clear or confusing, and whether there were other words that might better describe these domains. The second line of questioning revisited the Pic Collage exercise, where young people were presented with a hard copy of their pic collage from the group activity.

The next part of the interview focused on things that can get in the way of having a good life. This activity was introduced by screening a short animated documentary from ABC

television series My Great Big Adventure (Tremills, 2012) which depicts young people managing adverse events. The participants were then asked to make a Pic Collage of the three most important things that may get in the way of young people living 'a good life' and to share their insights. The use of vignettes in research allows the meanings and definitions of young people to be represented (Barter and Renold, 2000) and are recognised as being particularly useful in the study of potentially difficult subject matter (Hughes and Huby, 2004).

The final two lines of questioning explored two themes that had emerged consistently across the workshops but that the research team felt needed further exploration: change and guidance. Questions on change invited the young people to describe a time when something in their life changed. Young people who experienced difficulty in selecting a time of change were provided with prompts. Those still having difficulty were presented with several examples of change in short vignettes written by the research team, and were asked to comment on the situation as a third person. Questions about guidance invited the participants to talk about rules and advice provided mainly by parents and also teachers.

Variations for specific groups of interest

As indicated earlier, the exact selection of tools, questions and terminology was made in consultation with recruitment partners and in some circumstances the families of the participants. As a consequence, the tools were adapted to meet the needs of some of the groups of young people. The most significant changes to the tools were for young people with disability. Drawing on the advice of recruitment partners, the group activities with children with intellectual or cognitive disability were shorter, between 45 minutes and an hour. The children were still asked to complete the ranking and the Pic Collage activities but these activities were abbreviated, and the brainstorm and domain activities were merged into one activity.

2.5 Conclusions: What we learned

The workshops and in-depth interviews served to corroborate the importance of key themes from existing research on young people in their middle years, while also allowing new themes to emerge. Among all groups, family was considered the most important domain. However young people defined their family in multiple ways, with some thinking only in terms of the nuclear family, and others in terms of an extended family or as two families where the parents had separated. Some included non-relatives, and pets. Young people overwhelmingly described positive aspects of family. These included love, support and having fun. However, some negative aspects were also recorded, including fighting, too many rules (but also too little guidance), and bullying. Apart from family, friends were also seen as a tremendous source of wellbeing, especially 'best friends' with whom young people felt they could confide and share trust. Young people in some groups also discussed having 'good friends' and 'bad friends', the latter being a source of considerable stress. Respondents in a number of groups chose also to describe their pets as friends, as pets provided affection and a sense of wellbeing. Some participants (especially the Indigenous participants) did not distinguish greatly between friends and relatives. Respondents across several groups also emphasised the active aspect to both family and friendship— that it was good to care for or look after others. This sentiment was notable where participants lived with a sick or disabled family member.

School was viewed in very mixed terms by participants. Some viewed school as a place of learning, while others viewed school primarily as a place to meet friends and socialise. Most were in agreement regarding the benefits of school – mainly gaining an education, and negotiating friendships. However, young people in some groups (for example the Indigenous and culturally and linguistically diverse groups) also greatly valued learning outside of school. Young people had very mixed views on rules at school (some expressed suspicion of what they saw as 'strange' or arbitrary rules). Young people also had varying views on teachers. Some talked about good or engaging teachers, some mentioned 'bad' or 'lazy' teachers, and others focused on the difficulties associated with informing teachers about issues such as bullying.

Young people in the different groups expressed a wide range of views on the meaning of community, although the term appeared confusing to some. The domain of community appeared to resonate most strongly with culturally and linguistically diverse and Indigenous young people, while not being rated as very important by young people in some other groups. Health on the other hand was rated as important in all groups, mainly physical health (diet and exercise were much discussed) but also mental health, albeit to a lesser extent. While health was usually seen in individual terms, for some young people it encompassed a collective dimension, where the health of each family member was seen as important to the wellbeing of all family members. Money was seen as one of the least important domains in all groups. However, necessity of money, and the consequences of not having money were well understood, especially among Indigenous young people, some of whom gave examples from experience of the effects on them and their families of lack of money. On the other hand, some young people from the mainstream group in particular saw money as a means of enacting an ethical code, through redistribution to those who were less well off.

Apart from these main themes, a number of interconnected themes were also identified by young people in the different groups. Bullying was one such theme, which was mostly found to occur at school, but was also mentioned in the contexts of family and community. Young people had mixed views on guidance and rules, both at home and at school, and several young people mentioned having stress in their lives, either from homework, bullying, or from concern for the wellbeing of other family members.

These perspectives had a number of implications for survey design that can be summarised in five points:

- First, young people expressed a range of ideas of the meanings of domains such as 'family' and 'friends'. Therefore, in the design of the survey instrument, it was seen as important not to assume shared understanding of these important concepts.
- Second, the young people clearly prioritised the domain of family as more important than any other domain in their lives. This suggested that a survey should devote appropriate effort to understanding family relationships, pressures and dynamics. This issue is important for policy, as family environments, relationships and dynamics can have a strong impact on young people's outcomes across a range of domains.
- Third, within each domain, it was clear that the concerns of young people who were marginalised were often different to those in the 'mainstream'. This was revealed in the relative importance placed on school by the different groups, by experiences of bullying, and by experiences of health concerns, disability, and serious illness or death in the family (Redmond and Skattebol, 2014).

- Fourth, young people tend to understand their lives as a whole, and not necessarily in terms of domains or dimensions. A young person's actions or relationships in one domain can have spill-over effects on other domains. It was considered important that a survey of young people's wellbeing have the capacity to evaluate how young people link the different dimensions, in part with direct questions (for example, about the inter-relationship between friendship and bullying), and in part through analysis of statistical relationships.
- Fifth, it was seen as important to pay attention to the language that young people use in devising questions for a survey. Of note for example was the discussion in several groups of 'good friends' and 'bad friends', and the difficulty several young people had with the concept of 'community'.

The design of the survey instrument is considered in greater detail in Chapter 3.

Chapter 3 Developing and Testing the Survey Instrument

3.1 Key Points

- The ACWP survey instrument was developed from discussions and focus groups with young people on 'the good life' and what is important in their lives.
- Young people's perspectives had a considerable influence on the broad themes and the prominence given them in the survey instrument.
- Existing survey instruments intended for children and young people were audited in order to identify how issues raised by the young people have been addressed in surveys.
- Where possible, existing validated measures were mostly adapted for use in the ACWP survey. In some cases, new items were designed to cover issues that emerged as important to young people, and where a suitable existing item or scale could not be found.
- To test the efficacy of the ACWP pilot survey instrument, cognitive interviews were conducted among a small sample of young people from the target marginalised groups in three locations, one in New South Wales and two in South Australia.
- The final survey instrument was computer based, completed online, and included audio assist to support participants with low literacy levels.
- The ACWP pilot survey was further tested in the field trial which involved administering the survey to participants in Years 4, 6, and 8 in ten schools in Victoria and New South Wales.
- The final main survey was successfully conducted in 180 schools in all States and Territories, with 5,440 valid student responses.
- ACWP survey data will be made publicly available on the Australian Data Archive.

3.2 Introduction

This chapter provides an overview of the processes involved in developing and testing the survey instrument. In this integrated mixed-method project, this involved explicitly building the survey instrument from the perspectives offered by young people (and especially marginalised young people), and also ensuring that the look and feel of the survey instrument was such that young people from marginalised backgrounds would want to participate, and would not drop out. In order to explain how ACWP maintained these principals, the remainder of this chapter is divided into the following sections. Section 3.3 discusses how the different wellbeing domains were measured in the ACWP survey. Section 3.4 provides a brief summary of the purpose and results of the cognitive interviews and field trial which tested the pilot survey. Sections 3.5 and 3.6 discuss the main survey administration and response rates, respectively. Section 3.7 provides a guide for readers in understanding how statistics are presented in this report and Section 3.8 concludes.

3.3 Designing the survey instrument

As discussed in Chapter 2, six domains of wellbeing were identified as being important for young people in the six marginalised groups that were originally identified. These domains included family, friends, school, community/neighbourhood, health, and money/material wellbeing. Rather than developing and testing new items to measure wellbeing in these domains, existing measures were mostly adapted for use in the ACWP survey. This ensured that most items included in the survey instrument had been tested and validated. Use of questions from other instruments also provided the possibility of comparison of results.

Conceptually, items in each domain were categorised into two overall types – 'factuals' and 'wellbeing', with the former comprising items of 'fact' and the latter items relating to subjective reflection. The idea behind categorising each domain into 'factuals' and 'wellbeing', following White's (2008) conceptualisation, was to obtain relevant information on environments and relationships (also consistent with Bronfenbrenner's ecological model of child development, see Bronfenbrenner and Morris, 2006), and on how young people felt about these. In practice, it is sometimes difficult to separate the 'factual' from the 'wellbeing' cases. The conceptual approach therefore attempted to ensure that within most domains, there was some attempt to capture both the 'lived reality' of young people's lives, and how they felt about it. 'Factuals' were mainly included as single item questions, while 'wellbeing' items were often included as attitudinal scales that were intended to describe a latent subjective feeling or position.

Table 3.1 summarises the content of the final main survey questionnaire. The table is organised into domains, with 'factuals' and 'wellbeing' for most, but not all, domains (for example, the Community/neighbourhood domain contains only 'factuals'). Note that some items could conceptually be seen as either 'factuals' or 'wellbeing' – for example, psycho-somatic health complaints (reports of headaches, stomach aches, etc.). The table also shows the original source of the survey items (survey instruments can be downloaded from the ACWP website). Items taken from two international surveys, the Health Behaviour in School Aged Children (HBSC) survey and the Children's Worlds survey, offer the potential of international comparability. The HBSC is a school based survey conducted on young people aged 11, 13 and 15 years in about 40 mostly high income countries in Europe and North America (see www.hbsc.org/). The Survey is organised with the support of the World Health Organisation through a group of international researchers, and covers a wide range of issues relating to wellbeing, including health behaviours, health complaints, relationships with peers and family, school, and socio-economic circumstances. The survey has been carried out about every four years since 1982. In this report, comparisons are made with the HBSC survey conducted in 2009/10.

While the focus of the HBSC is health and health behaviours, the focus of Children's Worlds is subjective wellbeing (see www.isciweb.org/). The study is more recent than the HBSC, having commenced in 2010 with pilot surveys of 10 and 12 year olds conducted in six high and middle income countries. The first full wave of the survey was conducted in 2012 in fourteen high, middle and low income countries, while the second wave was conducted in 2014 in 17 countries. The study aims to collect data on young people's lives and daily activities, their time use, and their perceptions of their own wellbeing.

Table 3.1: Content of final main survey questionnaire

Subdomain	Indicator	Source
Family domain - factual		
	Organisation of the household(s)	Children's Worlds
	Paid job	Children's Worlds
	Family composition	Children's Worlds
	Moved house	Children's Worlds
	Changed school	Children's Worlds
	Out of home care	Children's Worlds
	Family health	SHWB-NZ
	Caring responsibilities	SHWB-NZ
Family domain - wellbeing		
Togetherness	Family cohesion	Children's Worlds
Montioring	Family monitoring	Communities that Care (www.communitiesthatcare.org.au)
Worry	Vulnerability - Significant other	Graham-Bermann (1996)
	Harm - Significant other	Graham-Bermann (1996)
Friends domain - factuals		
	Number of close friends	HBSC
Friends domain - wellbeing		
Support	Support - closest friend	Waldrip (2008)
Conflict	Conflict - closest friend	Bukowski, Hoza and Boivin (1994)
School domain - factuals		
	Missed school	Children's Worlds
	Teacher support	Constantine and Bernard (2001)
	Parental Interest	PIRLS/TIMSS/ACWP
	Outside school activities	Children's Worlds
School domain -wellbeing		
Success	Success at school	HBSC
Enjoyment	School satisfaction	LSAC
Pressure	School pressure	HBSC
Aspirations	Educational aspirations	CTC
Community/ Neighbourhood domain - factuals		
Resources and safety	Neighbourhood resources	Children's Society
	Neighbourhood safety	Children's Society
Health domain – factuals		
	Hungry to school or bed	HBSC
	Smoked	HBSC
	Been drunk	HBSC
Health domain - wellbeing		
Subjective health	Overall subjective health	HBSC
Mental and physical health	Psychosomatic health complaints	HBSC
Money and material wellbeing domain - factual		
	Child Material Deprivation	Main and Bradshaw (2012)
	Family possessions (e.g. Car, Own bedroom.....books)	HBSC/PIRLS/TIMSS
Self-demographics - factual		
	Culturally and linguistically diverse/Language background	PIRLS/TIMSS
	Sex	PISA
	Aboriginal and Torres Strait Islander	PISA
	Disability	SHWB-NZ

	Disability difficulties	SHWB-NZ
	Puberty	Carskadon and Acebo (1993)
Cross-cutting domains		
Bullying	Bullying	ACBPS/CTC; Mishna, Wiener and Pepler (2008)
Life satisfaction	Life satisfaction (1)	HBSC
Quality of life	Life satisfaction (2)	Children's Worlds
	Importance of wellbeing domains/Bookshelf item	ACWP
Closeness of relationships	Closeness of relationships/ME! Rings	ACWP
Optimism	Positive about the future	Children's Worlds

Note: acronyms are explained in the Glossary. The full survey instrument can be accessed on the ACWP website: www.australianchildwellbeing.com.au.

The family domain included 'factuals' and two wellbeing subdomains of 'togetherness' and 'worry'. As shown in Table 3.1, the factual questions included items concerning the organisation of the household, number of adults with a paid job, whether the survey participant had changed house or schools, out of home care, family health and caring responsibilities. The wellbeing subdomain 'togetherness' was measured using items relating to family cohesion. The family monitoring domain was measured using items relating to parents/carers monitoring of survey participants activities. Items regarding family monitoring (which included statements such as 'My parents would know if I don't come home on time') were only included in the Year 8 survey instrument. The subdomain 'worry' was measured using a set of items on worries about people close to the respondent being arrested, involved in fights, homeless, going hungry, would hurt someone, or would move away.

The friends domain comprised of one factual question (on the number of close friends) and two sub-domains of 'support' and 'conflict'. These sub-domains included questions about the degree of closeness to, and support received from, closest friend as well as the degree of conflict with the same closest friend.

The school domain consisted of factual questions on missing school, teacher support and parental interest in school. The wellbeing sub-domain of 'success' was measured by the participants' self-perception of their performance when compared to classmates. Enjoyment of school was measured using part of a longer scale of school intrinsic motivation. While all twelve items in the scale were included in the field trial questionnaire, only six were included in the final questionnaire in order to reduce respondent burden. School pressure was measured using an item that asked participants to rate the degree of pressure they experienced from the school work they were required to do (this was only included in the Years 6 and 8 instruments). Participation in outside activities (taking lessons, hanging out with friends, helping with housework, etc.) was measured by the frequency of involvement in various activities.

The domain of community and neighbourhood was measured by two sub-domains of 'resources' and 'safety.' Participants where asked about access to resources in their area in terms of having things to do. To determine the degree of safety in their neighbourhood, participants were asked about their perceptions of safety during the day and at night.

The health domain was measured using factual questions as well as wellbeing sub-domains relating to 'subjective health' and 'mental and physical health' (Currie, Zanotti, Morgan *et al.*, 2012; Ravens-Sieberer, Torsheim, Hetland *et al.*, 2009). The factual questions concerned participants' experiences with hunger (which could also be seen as relating to material

wellbeing and deprivation), being drunk and smoking. The sub-domain of subjective health was measured by an item that asked student to rate their overall health. In order to determine mental and physical health, participants were asked about their experience with eight different mental and physical complaints (ranging from headaches and stomach aches to nervousness and dizziness).

Money and material wellbeing were measured using factual questions relating to ownership, or lack of, certain items aimed at representing economic status. Many surveys where children and young people are the main respondents that attempt to measure material wellbeing ask the respondents to indicate items that they or their family possess. The lack of possessions is then interpreted as an indicator of "deprivation". The ACWP survey contains six items on family possessions from the HBSC, three items from Children's Society on young people's personal possessions plus two items that were added to reflect results of the ACWP qualitative work - the ability to go on a school camp and the family having enough money to put petrol in the car. The field trial survey had included an additional item on respondents being able to afford credit for their mobile phone (this issue had been raised in the in-depth research with young people at Phase one). However, this item did not add information at the field trial stage, and so was dropped from the main survey. Items in this domain were used to identify survey participants in the materially disadvantaged group.

In order to ascertain the impact of relevant demographics on life satisfaction and subjective wellbeing, questions around gender, family language background, Indigenous status, disability, puberty and educational aspirations were also included in the survey instrument. These questions were crucial for identification of several of the marginalised groups in the survey. At the field trial stage, it was noted that girls in particular were likely to finish their involvement in the survey after the questions on puberty (which were about physical changes in the body). Some girls clearly found these questions challenging. Therefore, in the final survey instrument, these questions were relegated to (almost) the end of the survey instrument in order to minimise item non-response.

The survey instrument was designed so that some items that did not fit easily into any of the main domains were kept separate from them. Therefore, items on bullying were separated from items in the school domain, so that survey participants did not assume that the bullying items only referred to bullying at school. Items on learning were included in both school and family contexts. Similarly, the item on closeness of relationships (who the survey participant felt close to) was separated from other items directly relating to family, so that survey participants might consider closeness, not only with respect to family members, but also with respect to non-family members.

3.4 Cognitive testing, user interface and field trial

Cognitive testing

There are many sources of potential error in survey data. Cognitive interviews help to evaluate efficacy of surveys through evaluation of participants' understandings of survey items (Drennan, 2003; Jobe and Mingay, 1989; Willis, 2005). Survey design rules cannot address all issues that are associated with error, particularly survey response error (Willis, 2005). Cognitive interviews were used to identify potential issues relating to survey response error, and to improve the reliability and validity of large-scale survey data

(Desimone and Le Floch, 2004). In addition, cognitive interviewing is important for cross-national surveys (Wildy and Clarke, 2009), and for surveys applied across cultural groups (Solano - Flores and Li, 2009). Examining how young people interpret and respond to the survey items should improve the survey's measurement of wellbeing that is rooted in young people's lived experience.

To test the efficacy of the ACWP survey instrument cognitive interviews were conducted across a small sample of young people (N = 22) from the target populations in three locations, one in New South Wales and two in South Australia. In sum, the purpose of the cognitive interviews was to check that items were culturally appropriate for young people in contexts of disadvantage, as well as to observe respondents' comprehension of items, respondents' response processes, signs of fatigue, and general reactions and behaviours while responding to the questionnaire. Following the cognitive testing, the length of the survey instrument was reduced in order to increase response among respondents with low literacy skills, and the wording of some questions was changed.

Online delivery

It was decided at an early stage that the ACWP survey instrument should be interactive, and delivered online in a user-friendly format, with full audio support to allow participants with low English literacy levels to complete the survey. Online administration of surveys in the ICT (information and communication technology) environment of schools is challenging. School ICT environments are often old, and are sometimes somewhat inflexible due to centrally imposed restrictions. On the other hand, online delivery allowed participants to log in and complete the survey over several sessions (they did not have to complete it in one session).

Online delivery also allowed for the development of interactive questions, such as drag-and-drop word/image associations, ordered lists with images (i.e. ability to order response options), selecting images (with pre-coded 'hot-spots') as well as more standard Likert type questions. Online delivery also facilitated inclusion of a progress bar (so participants know how much of the survey they had completed, and how much was left to complete). Separate web-based versions were developed for Years 4, 6 and 8. The final instrument was tested to ensure compatibility with a range of platforms, including iPads with rotated display.

Field Trial

The field trial of the ACWP survey was conducted in ten schools in New South Wales and Victoria in March 2014. The original sample consisted of 11 schools with an estimated 168 participants in Year 4, 182 participants in Year 6 and 231 in Year 8 (581 participants in total). This sample was not intended to be representative of Australian Year 4, 6 and 8 students, but large enough to test the efficacy of the survey instrument and survey rollout procedures. The achieved sampled comprised ten schools with a total of 190 participants. However, of the 190 participants who logged into the online survey, 13 never started the survey. Hence, field trial analysis was conducted on responses of 177 participants in ten schools (58 participants in Year 4, 66 participants in Year 6 and 53 participants in Year 8).

The field trial provided valuable information regarding the functionality and administration of the online survey. It informed essential refinements across all features of the tool for the main survey, aimed at improving useability, efficiency and data integrity. While individual

survey items generally performed as expected, some important survey design issues were uncovered. For example, analysis of missing data indicated that the Year 8 questionnaire was too long and needed to be shortened. As a result, the Year 8 questionnaire was substantially reduced in length. Also, the Year 4 questionnaire took longer than the originally assumed 20 minutes. Therefore, instructions to schools about the amount of time to allow for participants to complete the survey was adjusted. It was also noted that response rates at the school and individual student levels were low. This mainly stemmed from the requirement for schools to obtain informed parental consent before students could participate in the survey.

In addition, several improvements were made to the survey in terms of administration and monitoring tasks. These included modification of the backend interface for reviewing school and student participation to ensure more accurate and precise monitoring. This had a direct impact in terms of increasing the overall participation rate. In addition, the technical readiness tool for testing the suitability of computers and internet browsers with respect to the online survey instrument was improved. This included the ability to capture when and if schools had accessed the tool, and the outcome of the test. These tests allowed research team to more efficiently support schools with technical issues prior to survey administration, such as identifying un-supported browsers or issues with audio functionalities.

3.5 Main survey administration

To arrive at a nationally representative sample of schools in Years 4, 6, and 8, schools were sampled via a two-stage stratified probability sample. At the first stage, schools were sampled as the primary sampling unit, and at the second stage, students were sampled within schools. In most jurisdictions (States and Territories), the within-school student sampling depended on the preference of the school. Schools could either opt to involve the whole year level, or just one intact class group. In Tasmania, for example, one intact class group per school was sampled.

A total of 449 schools were sampled. Table 3.2 shows the distribution of the sampled schools across states and the estimated number of students in each year in the sampled schools. Each sampled school had one or two replacement schools for instances where the first sampled school decided not to participate. Over an extensive recruitment period, each school was contacted several times by email and by phone (Lietz, O'Grady, Tobin *et al.*, 2015). A total of 231 schools opted to participate, with 130 of these being first sampled schools, rather than replacement schools. The main survey was carried out in Term 3 2014, from July to September 2014. To encourage further participation, an extension was made available to identified schools until October 2014.

Table 3.2: Number of schools and estimated number of participants in ACWP main survey sample

	N primary schools	Estimated N students Year 4	Estimated N students Year 6	N secondary schools	Estimated N students Year 8	Total schools	Total students
NSW	39	1437	1429	40	5104	79	7970
VIC	35	1119	1054	35	5334	70	7507
QLD	35	1417	1535	35	6888	70	9840
SA	30	852	790	29	4306	59	5948
WA	30	885	970	29	4907	59	6762
TAS	30	1218	1252	20	478	50	2948
NT	15	297	294	16	1431	31	2022
ACT	15	704	726	15	2638	30	4068
AUS	229	7929	8050	219	31086	448	47065

Survey administration was very flexible, in order to make participation as easy and as non-interfering as possible with the school routine. First, schools could specify the period in which they wanted to administer the survey within Term 3. Second, participants could access the survey any time during the administration period. Third, participants were able to log in and out as many times as needed until they finished the survey. Fourth, while the survey was anonymous at the student level, school-level sampling information (e.g. jurisdiction, sector, geolocation, etc.) was attached to each anonymously participating student during the survey administration period.

The main challenge to survey participation was associated with the need for the informed active parental consent which was required by all jurisdictions and dioceses, and university human research ethics committees. Schools went to considerable lengths to promote the survey at assemblies, staff meetings and through newsletters. Nonetheless, some schools found it very difficult to persuade students to return signed parental consent forms. In many instances, this meant that rather than whole classes, only individual students were allowed to participate in the study. To facilitate survey administration in those circumstances, some schools took up the offer by the ACWP to pay for another teacher, or suitably qualified school staff member, to take those students who had managed to return the signed informed consent forms out of the regular classes in order to administer the survey. As a direct consequence of this recruitment challenge, 51 of the 231 schools that had originally agreed to participate in the survey withdrew from the study.

3.6 Response rates

The final school level sample, therefore, comprised 180 schools in all States and Territories, with 5,440 valid student responses. The main survey was successfully conducted at these schools between July and October 2014. The response rate at the school level was therefore 39%. Within responding schools, the student response rate was 31%, giving a final overall response rate of approximately 12%. While this response rate may appear low it is still considerable given the voluntary nature of the survey combined with the requirement of obtaining informed and active consent by both participants and parents.

As noted above, effort was made to ensure adequate sample sizes in six ‘marginalised’ groups. A fifth of survey participants attended schools in areas with a low SEIFA IRSD score

(1048/5440=19%), while 45% (2459/5440) attended schools in areas with high SEIFA IRSD scores. Eleven per cent reported having a disability (n=569), 9% identified as carers (n=484), 10% were estimated as living in materially disadvantaged families (n=505), 8% stated they spoke a language other than English at home (n=423), 5% identified as Indigenous (n=245), slightly more than 2% attended schools in remote areas (n=120), and slightly fewer than 2% stated that they were living in a non-family arrangement – these were defined as living in out of home care (n=84). It is important to note that final sample numbers in the latter two groups are particularly small, and therefore, any analysis of these groups in this report is limited.

The retention rate of those who responded to the ACWP main survey was high. Only one in 20 participants (5.5%) dropped out of the survey and did not complete it to the end. Overall, item response was high. Four in five respondents (81.1%) had no missing data, or only missing data for only one item. Close to two-thirds of respondents (63.8%) had no missing data at all (skip or drop-out).

3.7 Reading statistics in this report

Standard errors and statistical significance

The statistics in this report provide results for the samples of Year 4, 6 and 8 participants who responded to the ACWP survey. If more samples were drawn again and again from the same population of participants, the sample statistics would vary slightly from sample to sample. The statistics reported in the main survey report can only provide an estimate of the entire Australian population of Year 4, 6 and 8 students. A standard error of the estimate for a certain statistic (e.g. mean or proportion) captures the amount of variation that one could expect to find among similarly designed samples for this estimate. In this way, standard errors help to gauge how accurate our sample statistic is from the population value. Standard errors can be used to construct confidence intervals by determining a range of values within which there is a high probability that the true population value lies. For example, if we were to draw repeated samples from a population, there is a 68% probability that a sample statistic would be within one standard error above or below the true population value. Therefore, standard errors can be used to help ascertain if reported differences between subgroups for a variable are meaningful and reflective of the population, or if differences observed between subgroups are an artefact of the sample and would not be reflective of the population estimate if we were to draw repeated samples.

Due to the potential of systematic non-response bias that was introduced by required active parental consent and subsequent lower response rates, usual tests of significance that assume independence of observations are inappropriate to conduct with ACWP data. Therefore, to aid interpretation of statistical results, indicative standard errors have been produced in order to allow readers to make judgements on whether differences between any two statistics are significant, that is, likely to reflect real population differences. While standard errors will vary from variable to variable, this variation is typically small and the reported indicative standard errors are likely to be typical of other reported percentages and means.

Indicative standard errors have been produced for estimated proportions or per cents using the Positive about the future (WB02A01) variable, which has been recoded into a dichotomous variable with agree and strongly agree collapsed into one category (Table 3.3).

Indicative standard errors have also been produced for mean scores using the Quality of life - Cantril Ladder variable (Table 3.4). The tables show weighted percentages (Table 3.3) and means (Table 3.4) for these variables for Year 4, Year 6 and Year 8 samples, as well as combined Years 4 and 6 samples, and the combined Years 4, 6 and 8 samples (the weighting procedure for the sample is described in Chapter 4). The tables show how standard errors and 95% confidence intervals differ across the samples, and where the samples are categorised by location (metropolitan, provincial or remote), the socio-economic index of geographic areas (SEIFA) where sampled schools were located, recoded into three categories (i.e. Low=SEIFA deciles 1-3; Middle: SEIFA deciles 4-7 and High: SEIFA deciles 8-10),and student sex (boy or girl).

Confidence intervals for these categories are included in the Tables as these categories - together with jurisdiction and School Sector - were included in the development of the year level weights.

Weighted estimates for other marginalised groups of interest, notably participants with disability, carers, materially disadvantaged participants, culturally and linguistically diverse participants, Indigenous participants, and participants in out of home care, may have relatively large standard errors and wide confidence intervals. In most cases where estimates for these groups are reported, confidence intervals are reported as bars on graphs. Where comparisons are made differences are only reported as 'notable' or 'considerable' if the differences in question are shown to be statistically significant for both weighted and unweighted data, and across year levels, unless there may be a reason why differences might be expected across year levels. For further details and guidelines for analyses and appropriate reporting of results from the ACWP, readers are referred to the Technical Report (Lietz, O'Grady, Tobin *et al.*, 2016).

Derivation of scale variables

The ACWP survey instrument allowed the possibility of deriving latent attitudinal scale variables from responses to particular sets of items, for example, the three items in the survey instrument that relate to family cohesion (see Chapter 6). These scale variables were derived with a mean of 10 and standard deviation of 2 using *plausible values* methodology. Plausible values are a methodology used in large-scale surveys when it is of interest to reduce errors made about population inferences, rather than inferences about individual survey participants (OECD, 2009b). A primary aim of the ACWP is to conduct a nationally representative sample of child wellbeing in Australia in the middle years, and therefore plausible value methodology is suited for this purpose.

Plausible values are obtained from distributions centred around a reported value, or estimate, for each student. In the case of the ACWP, this means that for each survey participant, a set of five plausible values was generated from such a distribution, for each attitudinal scale. If the ACWP were to draw samples again and again from the Australian population of young people in their middle years, and ask them the survey items on family cohesion, each sample would contain a slightly different distribution of responses. Similarly, the plausible values method gives a distribution of the possible range of attitudes that a young person may have for a given scale. The methodology allows plausible values to be generated for each survey participant, even when they are missing responses to the ACWP survey. Therefore, there are no missing values for scales and observations from all participants can be used in data analysis.

While it may seem that using a range of possible values for each participant is more imprecise than using the estimates as measured by the survey (OECD, 2009b), the use of plausible values allows us to be able to talk more accurately about all Australian young people in their middle years.

Technical details about plausible value methodology used in the ACWP can be found in the ACWP Technical Report (Lietz *et al.*, 2016).

International comparisons

Some figures in the report compare estimates from ACWP with estimates for other countries, taken from the Children's Worlds survey, or the Health Behaviour in School Aged Children survey. Because of differences in sampling methods, comparisons between ACWP data and data for these surveys should be seen as indicative. That is, differences between two countries, even if they are statistically significant, may not reflect differences in the populations they aim to represent. More work is needed on comparability of ACWP data with data from these international sources.

3.8 Conclusion

Given the child centred approach, ACWP aimed to build a survey instrument using young people as the main informants so that it made sense to them, and to their lives. In the design of the survey instrument, young people's perspectives, especially the perspectives of marginalised young people, were explicitly taken on board in a number of ways, First, in terms of the prominence given to different domains – the family domain was agreed to be the most important, and more questions were included in this domain than in other domains. Second, attention was paid to young people's perspectives in terms of the content of the domains. For example, young people in several groups expressed fears for family members, so questions about worries were included in the family domain, even though these questions are rarely asked in surveys of young people (this means that responses are more difficult to validate, or compare). Third, the definition of key terms was an ongoing concern. Discussions at Phase one suggested that young people defined 'family' in multiple ways. Therefore, separate items were included on who the participant lived with (across two homes, if necessary), and who they were close to. To the extent it was possible, items that privileged relationships with parents were not used. The term 'community' proved to be confusing or ambiguous to some participants at Phase one, and so it was not used in the survey instrument. Finally, as some issues were found to be not only associated with a single domain, they were placed on their own in the survey instrument. For example, bullying was discussed as an issue for young people in both school and community contexts, and in the context of friendships. Therefore, bullying was not included with other items on school (as it sometimes is) but kept separate from items in that domain.

Designing an effective survey instrument that has the capability to provide answers on issues of importance is a complex task that involves numerous compromises. The process taken in ACWP involved in the first instance compromise between the approach of being faithful to young people's own perspectives, and the approach of taking advantage of international experience built up over a number of decades on how young people should be asked about particular issues. The two approaches are not necessarily compatible, especially if, as was the case with ACWP, the population of interest was not only young people in their middle years, but young people who are marginalised. Nonetheless, while a number of

items were specially designed for ACWP, most items in the final survey instrument were taken from existing surveys, including two surveys, the HBSC and Children's Worlds surveys, that gave the possibility of international comparison. Testing of the survey instrument in cognitive interviews and a field trial resulted in further compromise, as it was considered necessary to shorten it considerably in order to improve item level response. While overall response rates proved to be a challenge in the survey, item level response among young people who did participant was high.

Table 3.3: Positive about the future, by year (per cent)

	Year 4				Year 6				Years 4 & 6				Year 8				All years			
			95% CI				95% CI				95% CI				95% CI				95% CI	
	%	SE	LB	UB	%	SE	LB	UB	%	SE	LB	UB	%	SE	LB	UB	%	SE	LB	UB
National estimates	80.3	2.6	74.6	84.9	84.4	1.9	80.2	87.9	82.4	1.7	78.8	85.4	78.5	1.0	76.5	80.3	81.0	1.2	78.6	83.2
School Location																				
Metropolitan	81.8	3.0	75.0	87.1	84.2	2.5	78.7	88.6	83.0	1.9	78.8	86.5	77.5	1.2	75.0	79.8	81.1	1.4	78.2	83.7
Provincial	75.2	4.7	64.5	83.4	85.0	3.1	77.7	90.2	80.4	3.0	73.7	85.7	81.1	1.2	78.5	83.3	80.6	2.1	76.1	84.5
Remote	81.4	3.6	72.9	87.6	83.3	6.9	64.8	93.1	82.3	2.9	75.7	87.4	83.7	5.9	68.4	92.4	82.7	3.3	75.2	88.4
SEIFA of school suburb																				
high	84.7	2.2	79.9	88.6	84.9	1.8	80.8	88.2	84.8	1.6	81.4	87.7	78.7	1.5	75.5	81.5	82.7	1.3	80.1	85.0
middle	76.4	4.1	67.3	83.5	87.7	1.9	83.3	91.1	82.2	1.9	78.0	85.7	78.2	1.8	74.4	81.6	80.9	1.4	77.9	83.6
low	79.8	5.5	66.7	88.7	78.6	6.5	63.0	88.8	79.2	5.5	66.2	88.1	78.5	1.5	75.2	81.4	78.9	3.7	70.8	85.3
Sex																				
girls	74.6	3.3	67.3	80.7	81.2	2.6	75.4	85.9	78.0	2.3	73.2	82.2	74.6	1.3	72.0	77.1	76.8	1.5	73.6	79.8
boys	85.5	2.9	78.7	90.4	87.5	2.7	81.0	91.9	86.5	2.4	81.1	90.5	82.1	1.2	79.6	84.4	85.0	1.6	81.5	88.0

Note: Percentages are weighted. SE is standard error. LB and UB are lower and upper bounds, respectively, of 95% confidence intervals. The table shows percentages agreeing or strongly agreeing with the statement 'I am optimistic for my future'. This indicator is discussed in more detail in Chapter 12.

Table 3.4: Standard Errors on the mean score on the Cantril scale (measured in units on the Cantril scale)

	Year 4				Year 6				Years 4 & 6				Year 8				All years			
			95% CI				95% CI				95% CI				95% CI				95% CI	
	M	SE	LB	UB	M	SE	LB	UB	M	SE	LB	UB	M	SE	LB	UB	M	SE	LB	UB
National estimates	7.96	.073	7.81	8.11	7.93	.090	7.75	8.11	7.95	.070	7.81	8.09	7.70	.048	7.61	7.80	7.86	.049	7.77	7.96
School location																				
Metropolitan	7.97	0.09	7.80	8.14	7.88	0.11	7.67	8.10	7.93	0.09	7.75	8.10	7.67	0.06	7.55	7.79	7.84	0.06	7.72	7.96
Provincial	7.90	.148	7.61	8.20	8.14	.132	7.87	8.40	8.02	.099	7.82	8.22	7.73	.074	7.59	7.88	7.92	.073	7.78	8.07
Remote	8.25	.315	7.62	8.88	7.29	.227	6.84	7.75	7.77	.141	7.49	8.05	8.50	.183	8.13	8.86	7.98	.169	7.64	8.31
SEIFA of school suburb																				
high	8.04	.122	7.79	8.28	7.93	.165	7.60	8.26	7.98	.128	7.73	8.24	7.72	.078	7.57	7.88	7.89	.086	7.72	8.06
middle	8.02	.127	7.77	8.28	7.92	.140	7.64	8.20	7.97	.113	7.75	8.20	7.71	.081	7.55	7.87	7.89	.081	7.73	8.05
low	7.76	.127	7.51	8.01	7.95	.161	7.63	8.27	7.85	.103	7.65	8.06	7.65	.084	7.49	7.82	7.79	.082	7.63	7.95
Sex																				
girls	7.89	.141	7.60	8.17	7.87	.111	7.65	8.09	7.88	.088	7.70	8.05	7.58	.070	7.45	7.72	7.78	.067	7.65	7.91
boys	8.03	.153	7.72	8.33	8.00	.104	7.79	8.20	8.01	.106	7.80	8.22	7.81	.066	7.68	7.94	7.95	.073	7.80	8.09

Note: Percentages are weighted. M is mean. SE is standard error. LB and UB are lower and upper bounds, respectively, of 95% confidence intervals. The table shows mean scores on the Cantril ladder (from a scale of 0-10). The Cantril ladder is discussed in more detail in Chapter 12.

Chapter 4 Validating the Survey - How Representative is it?

4.1 Key Points

- A sampling weight was developed to make the ACWP sample representative of the Year 4, 6 and 8 Australian population.
- Due to the marginalised groups not forming part of the sampling frame, specific weights could not be developed for most of the marginalised groups.
- The proportion of ACWP participants who reported that they had disability was a little higher than in the ABS 2012 SDAC and the HILDA survey.
- The proportion of ACWP participants who identified as young carers (9.6%) was higher than the proportion of 15 year olds identifying as carers in the SDAC 2012 (7.1%) and the NZ Youth '12 Survey rates (7.4%). However, neither of these data sources can be directly compared with the ACWP.
- Almost 13% of the ACWP sample (weighted) were classified as being materially disadvantaged, slightly higher than the Survey of Income and Housing (SIH) 2011-12 before housing costs (11.6%) and the HILDA 2012 Wave (9.8%) using a 50% median income threshold. However, the ACWP estimate is lower than estimates derived from the SIH and HILDA if alternative definitions of poverty are used.
- Overall, there is a significant degree of overlap between the different marginalised groups.
- Analysis of ACWP and HILDA data suggests that the four groups that are shown to be most consistently marginalised (young people with disability, young carers, materially disadvantaged young people and Indigenous young people) may comprise between 25 and 30% of the population of young people in their middle years.

4.2 Introduction

This chapter considers issues relating to the representativeness of the ACWP survey. From the outset, an important aim of the project was to produce survey data that reflected the lives of young people in their middle years. While no survey is representative in every respect, this survey was set up as a national study that would aim to broadly reflect the lives and wellbeing of young Australians in their middle years. The analysis in this chapter evaluates the survey data in terms of its external validity, that is, how key proportions and groups in the survey compare with those in other data sources.

This chapter is organised as follows. Section 4.3 discusses the development of sampling weights and the main characteristics of the sample, in terms of sex, location and SEIFA of the school. Identification of sub-groups in the survey and their representativeness with respect to external data sources is considered in Section 4.4. Section 4.5 concludes.

4.3 Development of sampling weights: sex, geolocation, SEIFA

As the ACWP involved a probability sample, a sampling weight could be developed to adjust for non-response at school and participant levels. The weight ensures that the distributions in the ACWP sample align with national population distributions for State/Territory jurisdiction, school sector (Catholic, Government, Independent), participant sex, geographic location (metropolitan, provincial and remote), and relative socio-economic disadvantage of the suburb where the school is located (ABS, 2008). This weighting procedure adjusted the sample to be representative of the population of Years 4, 6 and 8 students (or middle years students) in Australia.

No adjustments to weighting could be made for participants identifying as culturally and linguistically diverse, young carers, Indigenous young people, participants in out of home care, or young people with disability as information on these groups did not form part of the sampling frame from which schools were selected. While school, sector and jurisdiction were included in the development of weights, ACWP stakeholders agreed not to report results for these characteristics.

Table 4.1 illustrates the effect of weights on the proportions of sex of participants. Prior to weighting, the proportion of female participants in the Year 4 sample is 55.5%. The application of weights means that this proportion is lowered to 48.7%, which aligns with the proportion of female Year 4s in the school-going population, according to data from the ACER sampling frame. The proportion of female participants in the Year 6 sample prior to weighting is 58.5%, again reduced to 48.7% after weighting.

Table 4.1: Year level weights by sampling strata - participant sex

	ACWP Participants	**ACWP Participants**	**Share of ACWP Sample**		**Share of Population**
	N (unweighted)	N (weighted)	Percent (unweighted)	Percent (weighted)	Percent
Year 4					
Girl	398	130,120	55.5	48.7	48.7
Boy	319	136,970	44.5	51.3	51.3
Year 6					
Girl	484	130,007	58.5	48.7	48.7
Boy	343	137,083	41.5	51.3	51.3
Year 8					
Girl	1939	131,116	49.8	49.1	49.1
Boy	1957	135,974	50.2	50.9	50.9
Total	5440	801,270			100.0

Note: Share of population data derived from ACER school sampling frame

For geographic location (Table 4.2), the unweighted proportion of Year 4 participants in remote schools is high (7.3%) compared with the proportion in the population, which is

(2.2%). The application of the student weight again adjusts the sample proportion to the proportion in the population, as per the ACER sampling frame.

Table 4.2: Year level weights by sampling strata - geographic location

	ACWP Participants	**ACWP Participants**	**Share of ACWP Sample**		**Share of Population**
	N (unweighted)	N (weighted)	Percent (unweighted)	Percent (weighted)	Percent
Year 4					
Metropolitan	477	197,415	66.5	73.9	73.9
Provincial	188	63,824	26.2	23.9	23.9
Remote	52	5,851	7.3	2.2	2.2
Year 6					
Metropolitan	495	195,259	59.9	73.1	73.1
Provincial	283	65,949	34.2	24.7	24.7
Remote	49	5,883	5.9	2.2	2.2
Year 8					
Metropolitan	2808	196,117	72.1	73.4	73.4
Provincial	1069	66,415	27.4	24.9	24.9
Remote	19	4,558	0.5	1.7	1.7
Total	5440	801,270			100.0

Note: Share of population data derived from ACER school sampling frame

Table 4.3 shows that in terms of SEIFA IRSD, the application of the student weight results in the proportion of participants in High SEIFA schools at Year 8 in the ACWP sample (45.9%) to be lowered to its proportion in the population (37%). In contrast, the proportion of Low SEIFA participants in the ACWP sample (18%) is increased to its actual occurrence in the population of 26.3%.

Table 4.3: Year level weights by sampling strata – SEIFA of suburb where school is located

	ACWP Participants	ACWP Participants	Share of ACWP Sample		Share of Population
	N (unweighted)	N (weighted)	Percent (unweighted)	Percent (weighted)	Percent
Year 4					
High	177	93,778	46.7	35.1	35.1
Middle	205	103,216	28.6	38.6	38.6
Low	335	70,096	24.7	26.2	26.2
Year 6					
High	169	94,644	40.6	35.4	35.4
Middle	322	102,591	38.9	38.4	38.4
Low	336	69,855	20.4	26.2	26.2
Year 8					
High	702	98,820	45.9	37.0	37.0
Middle	1406	98,084	36.1	36.7	36.7
Low	1788	70,186	18.0	26.3	26.3
Total	5440	801,270			100.0

Note: Share of population data derived from ACER school sampling frame

While weighting takes into account participant sex, geographical location and SEIFA of the suburb where the school is located (as an indictor of average socio-economic status of the school), as noted above it does not take into account characteristics associated with being in a marginalised group. The next section discusses how participants self-identified as being in one of the marginalised groups, and compares the relative size of these groups with estimates from external sources.

4.4 Marginalised groups

Young people with disability

Participants in the ACWP survey were identified as having disability according to their responses to two questions:

Have you had a disability for a long time (more than 6 months) (such as, hearing difficulties, visual difficulties, using a wheelchair, mental illness)? (response categories are Yes, No, Don't Know)

Respondents who answered 'Yes' or 'Don't know' to this question were then asked:

Does your disability make it hard for you, or stop you from...

- Doing everyday activities that other children your age can usually do (such as getting ready for school; eating, washing yourself, getting dressed or going to the toilet)
- Talking to people, understanding what other people say or hanging out with friends
- Doing any other activity that children your age can usually do (such as sports and hobbies like football, cricket, swimming, playing games or playing a musical instrument)

- No difficulty with any of these

Participants could select one or more of the above items.

Participants who responded 'Yes' or 'Don't know' to the first question, and reported that they had an issue with one or more of the aforementioned items from the second question were coded as having disability. In cases where participants ticked 'I don't know' for the first questions and they indicated having no issues with those listed in the second question, they were coded as not having disability. Table 4.4 shows estimates of ACWP participants with disability in comparison with estimates calculated for 9-14 year olds from the 2012 Survey of Disability and Carers (SDAC) (ABS, 2013b), and the 2013 wave of the Household Income and Labour Dynamics Australia survey (HILDA) (Summerfield, Freidin, Hahn *et al.*, 2014). These comparisons suggest that while the proportion identifying with disability in the ACWP sample is higher than those in the comparison surveys, the differences are unlikely to be statistically significantly different, given that the confidence intervals overlap. However, it is important to note that it is difficult to compare the proportion of ACWP participants who experience disability with external sources, as adults are the respondents in the SDAC and HILDA (and are asked different questions to those in the ACWP in order to identify disability), whereas young people themselves are asked to report on their disability status in the ACWP survey. Nonetheless, the relative closeness of the results for the three surveys suggests that they may be referring to substantially the same population.

Table 4.4: Young people with disability in ACWP, SDAC and HILDA

	ACWP Participants	**ACWP Share**		**Share of Population Age 9-14 years – SDAC**	**Share of Population Age 9-14 years – HILDA**
	N (unweighted)	N (unweighted)	Percent [CIs] (weighted)	Percent	Percent
Year 4	86	12.1	12.3		
Year 6	86	10.5	10.2		
Year 8	397	10.4	11.0		
Total [CIs]	569	10.6	11.2 [9.7, 12.9]	9.5 [8.6,10.4]	8.3 [6.7,10.3]

Note: SDAC – Survey of Disability and Carers 2012; HILDA – Household, Income and Labour Dynamics in Australia Survey (2013 round): Estimates for both surveys calculated by authors from survey microdata.

Young carers

Young carers were not identified as a marginalised group in the original research proposal. However, the issue of caring for family members who were ill or with disability was discussed in a number of groups at Phase one. Therefore, it was decided at the survey design stage to identify participants in this group through a number of questions. Participants in all years were asked:

Is there anyone in your family who is seriously affected by….

- Disability or long term illness
- Depression or mental illness
- Using alcohol or other drugs

- None of these

Participants who answered 'Yes' to any of the first three items were identified as having a family health concern, and were then asked: '*Do you do extra work around your home because someone is disabled or sick or can't do things?*' Therefore the survey was only able to identify young people who did some caring work, but not if they were primary carers. Almost four in ten participants (38%) who identified as having a family health concern also identified as young carers. Table 4.5 shows the number of young carers identified in the weighted ACWP sample ranged from 6.2% among Year 6 participants to 12.0% among Year 4 participants. The proportion of Year 8 participants identified as young carers (9.6%) was high in comparison with the proportion of 15 year olds identifying as young carers in the 2012 SDAC (7.1%) and the proportion of 12-13 year olds in the NZ Youth '12 Survey (7.4%). The SDAC also uses proxy respondents to identify carers aged under 15 years, and identified 1.7% of all 0-14 year olds as carers (ABS, 2014a). However, it is important to note the absence of comparable data concerning young carers aged under 15 years in Australia, where young people themselves are respondents.

Table 4.5: Young carers in ACWP, SDAC and NZ Youth '12 Survey

	ACWP Participants		**ACWP Share**	**Share of Population Age 15 years – SDAC**	**Share of Sample aged 12-13 years – NZ Youth '12**
	N (unweighted)	Percent (unweighted)	Percent [CIs] (weighted)	Percent	Percent
Year 4	69	9.7	12.0 [8.5,16.5]		
Year 6	58	7.1	6.2 [4.4,8.7]		
Year 8	357	9.3	9.6 [8.1,11.4]	7.1 [6.1,8.1]	7.4 [5.9,9.0]
Total	484	9.0	9.3 [7.7, 11.1]		

Note: SDAC – Survey of Disability and Carers 2012 (N 15 year olds = 4,149); estimate calculated by authors from survey microdata. NZ Youth: see Adolescent Health Research Group (2013)

Materially disadvantaged young people

There are a number of ways in which young people who are materially disadvantaged could be identified using the ACWP survey. Chapter 13 discusses one method that uses information on both family possessions and the young person's own personal possessions to derive a measure of material wellbeing. However, for the purposes of the analysis in this report, it was decided to define material disadvantage using family-level measures, as these are likely to align better with family and household based measures of income and deprivation that are commonly used in analysis of poverty in Australia and internationally (ACOSS, 2014; OECD, 2008; Wilkins, 2015). The Family Affluence Scale (FAS), developed for the HBSC, is now widely used internationally as a means of measuring socio-economic status among adolescents (see for example Elgar, De Clercq, Schnohr *et al.*, 2013; Gaudineau, Ehlinger, Vayssiere *et al.*, 2010; Haug, Torsheim and Samdal, 2010; Levin and Currie, 2010). It was developed initially as a feasible means of measuring family socio-economic status in a survey where the main respondent was an adolescent aged 11-15 years (Currie, Molcho, Boyce *et al.*, 2008; Currie, Elton, Todd *et al.*, 1997). For the purposes of the present exercise, materially disadvantaged participants were identified using the following items from the Family Affluence Scale:

- Does your family own a car, van or truck? (0=no; 1=one; 2=two or more)
- Do you have your own bedroom for yourself (0=no; 1=yes)
- During the past 12 months, how many times did you travel away on holiday with your family? (0=not at all; 1=once or more)
- How many computers does your family own? (0=none; 1=one; 2=two; 3=more than two).

These four items aggregate to a 7-point scale, where a score of 0-4 is classified as 'materially disadvantaged'. Table 4.6 shows that using this definition, 9.7% of the unweighted sample and 12.8% of the weighted sample are classified as materially disadvantaged, with the highest rates evident among Year 4 participants.

Table 4.6: Materially disadvantaged young people in ACWP, SIH and HILDA

	ACWP Participants	**ACWP Share**		**SIH share age 10-14 years below 50% median income**		**HILDA share aged 9-14 years**	
				Before housing costs	**After housing costs**	**Below 50% median income**	**Below 60% median income**
	N (unweighted)	Percent (unweighted)	Percent [CIs] (weighted)	Percent [CIs]		Percent [CIs]	
Year 4	101	14.7	18.4 [12.4,26.5]				
Year 6	92	11.4	10.4 [7.8,13.8]				
Year 8	312	8.3	9.7 [7.7,12.0]				
Total	505	9.7	12.8 [10.4, 15.7]	11.6 [9.8, 13.5]	17.7	9.8 [7.7, 12.4]	16.1 [13.5, 19.1]

Note: SIH – Survey of Incomes and Housing 2011-12 (N 10-14 year olds = 4,149); HILDA – Household, Income and Labour Dynamics in Australia Survey (2013 round): Estimates for both surveys calculated by authors from survey microdata.

Culturally and linguistically diverse young people

In the ACWP, culturally and linguistically diverse was defined based on responses to the question '*How often do you speak English at home?*' Year 4 participants were classified as culturally and linguistically diverse if they selected either 'I sometimes speak English and sometimes speak another language at home' or 'I never speak English at home'. Year 6 and 8 participants were identified as culturally and linguistically diverse if they selected 'sometimes' or 'never' in response to the same question. These questions were also asked in the TIMSS. As can be seen from Table 4.7, the proportions at Year 4 participants differ somewhat between the weighted ACWP results and the TIMSS 2011 (a national education survey) results. In TIMSS, the proportion identified as culturally and linguistically diverse at Year 4 was higher at 21% compared with the 15.8% of participants who identified as culturally and linguistically diverse at Year 4 in the ACWP. However, at Year 8, the proportions are similar, with 6.6% in the ACWP sample, compared with 7.0% in TIMSS. Overall, estimates from HILDA 2013, for 9-14 year olds living in households where at least two thirds of adults report speaking a language other than English, are considerably higher

than in the ACWP data. On the other hand, estimates for the whole Australian population, from Census 2011 data, suggest that one person in five speaks a language other than English at home (ABS, 2013a).

Table 4.7: Young people from culturally and linguistically diverse backgrounds in ACWP, TIMSS and HILDA

	ACWP Participants	**ACWP Share**		**TIMSS 2011**	**HILDA share aged 9-14 years**
	N (unweighted)	Percent (unweighted)	Percent [CIs] (weighted)	Percent	Percent [CIs]
Year 4	102	14.2	15.8 [11.1,21.8]	21.0	
Year 6	45	5.1	5.1 [3.2,8.1]		
Year 8	276	7.1	6.6 [4.8,9.1]	7.0	
Total	423	7.8	9.2 [7.0,11.9]		14.6 [11.4,18.6]

Note: TIMSS – Trends in International Maths and Science Studies. See Thomson, Hillman, Wernert *et al.* (2012); no confidence intervals given for estimates. HILDA – Household, Income and Labour Dynamics in Australia Survey (2013 round); children aged 9-14 years living in households where at least two thirds of adult respondents (aged 15+) report speaking a language other than English; estimate calculated by authors from survey microdata.

Indigenous young people

Participants' Indigenous status is based on self-identification in the ACWP survey from participant responses to a question indicating whether they are Aboriginal, Torres Strait Islander, both Aboriginal and Torres Strait Islander, or neither. Participants indicating that they are neither were classified as non-Indigenous whereas the other categories were classified as Indigenous. Table 4.8 shows the number and percentage of participants in the ACWP identifying as Indigenous at each Year level, and compares the weighted percentage in the ACWP with the percentage in the TIMSS 2011 and PISA 2013 (two national educational surveys), and in the 2011 Census. This shows that at Year 4, the proportion of participants identifying as Indigenous is about the same in the ACWP (7.9%) compared with the proportions reported in TIMSS (7%). At Year 8, the unweighted proportion of participants identifying as Indigenous (3.5%) is slightly lower than what is recorded in TIMSS and about the same as the proportion in PISA (3%). However, weighted proportions for Years 4 and 6 are somewhat higher than those in the TIMSS and the Census, while the weighted proportion for Year 8 is similar to that in the TIMSS and slightly lower than that for the Census. Overall, the share of the ACWP weighted sample identifying as Indigenous is higher than that in the Census (7.2% vs. 5.7%). However, the difference is not statistically significant.

Table 4.8: Indigenous young people in ACWP, TIMSS, PISA and Census

	ACWP Participants	ACWP share		TIMSS 2011	PISA 2012	Census 2011
	N (unweighted)	Percent (unweighted)	Percent [CIs] (weighted)	Percent	Percent	Percent
Year 4	57	7.9	9.9 [6.2,15.5]	7.0		5.8
Year 6	52	6.3	6.9 [3.6, 12.8]			5.7
Year 8	136	3.5	4.8 [3.3,7.0]	5.0	3.0	5.8
Total	245	4.5	7.2 [4.9,10.5]			5.7

Note: TIMSS – Trends in International Maths and Science Studies. See Thomson *et al.* (2012); PISA – Programme of International Student Assessment. See Thomson, De Bortoli and Buckley (2013). Neither publication gives confidence intervals for estimates. Census 2011 (see ABS, 2013c). Census data refer to students who were aged 6, 8 and 10 years, respectively in 2011.

Young people living in rural and remote areas

Table 4.2, above, shows that the ACWP sample was weighted to match the population of Australian students in Years 4, 6 and 8 by geographic location of the school they attended, according to the ACER sampling frame. Therefore, the proportion of participants in each year in the sample attending schools in rural and remote areas reflects the proportion in the Australian population. However, as absolute numbers are small (52, 49 and 19 in Years 4, 6 and 8 respectively), the representativeness of this group with respect to the wider Australian population is difficult to assess.

Young people in out of home care

In the ACWP, the out of home care subgroup was defined based on responses to the question '*Which of the following best describes the home you live in most of the time?*' Participants who did not respond 'I live with members of my family', but who responded 'I live in a foster home', 'I live in residential care or a family group home', or 'I live in another type of home' were classified as living in out of home care. Goldsworthy (2015) reports that 0.7% of all Australian children were in some form of out of home care in 2013-14, and that this percentage did not vary greatly among age groups. On this basis, it might be expected that 0.7% of the ACWP sample is in out of home care. However, Goldsworthy (2015) also reports that almost half of all young people in out of home care are also in kinship care, living with grandparents or other relatives. It might be expected that the wording of possible responses to the question above might lead respondents in kinship care to state that they live with members of their family.

The number of participants stating that they did not live with members of their family totalled 84 (33 in Year 4, 21 in Year 6 and 30 in Year 8). This represents 1.6% of the total sample. However, more than half this total (45 participants) reported living 'in another type of home', and it is possible that some (or most) of these are not in out of home care.

As there was a small number of survey participants identifying as being in out of home care, this group is not analysed extensively in this report. However, chapters on family, school and health provide some descriptive comparisons between survey participants in out of home care and other survey participants.

Rural and Remote

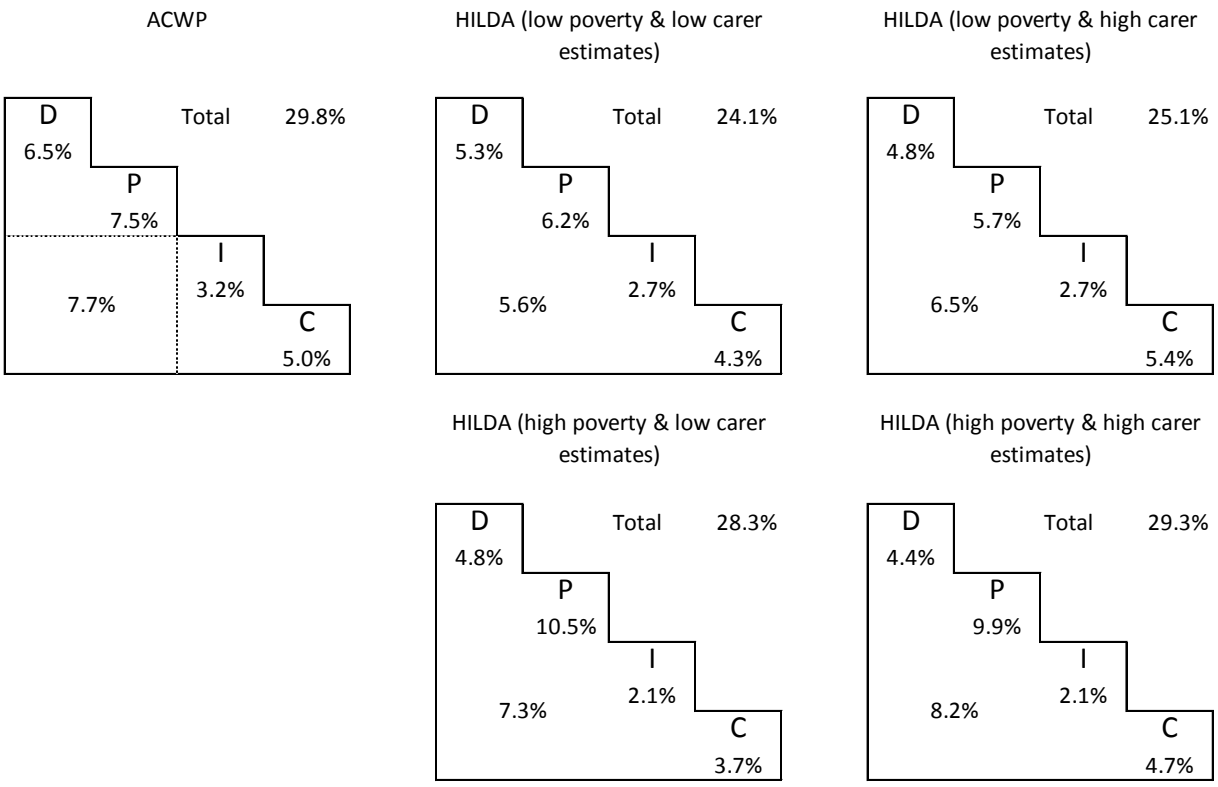
The rural and remote subgroup was defined according to the location of the sampled school. Schools were categorised as rural/remote if they were located outside of major urban districts and provincial districts – that is, in remote and very remote areas. The number of participants attending schools in these areas totalled 120 – 52 in Year 4, 49 in Year 6 and 19 in Year 8.

Overlaps and totals

Estimating the total number of young people in the marginalised groups as a proportion of all young people is potentially useful for policy. If the number of young people identifying as being in *any* of the marginalised groups is large, and analysis shows that belonging in a marginalised group is associated with risk of significant disadvantage, then this may suggest the need for universal services to pay more attention to the needs of all young people, and to develop approaches tailored to the needs of diverse populations.

Here attention is focused on the four largest groups that the analysis in the chapters that follow show to be most disadvantaged in comparison with the 'mainstream' – young people with disability, young carers, materially disadvantaged young people, and Indigenous young people. The left hand panel of Figure 4.1 presents estimates of the proportion of all participants in Years 4, 6 and 8 in the ACWP sample who identify as having disability, materially disadvantaged, Indigenous or young carers. In total, three in ten (29.8%) identify as being in one or more of these four groups: 6.5% identify having disability only, 7.5% are materially disadvantaged only, 3.2% are Indigenous only and 5.0% are young carers only, while 7.7% (just over a quarter of the total 'marginalised' sample) identify as being in more than one group.

Figure 4.1: Overlaps between groups and proportions with disability, materially disadvantaged, Indigenous, or young carers (%)



Note: D = young people with disability; P = young people who are materially disadvantaged; I = Indigenous young people; C = young carers. Percentages below each letter refer to young people who are only in that group. Percentages at bottom left of each panel refer to young people who are in more than one group. HILDA – Household, Income and Labour Dynamics in Australia Survey (2013 round); children aged 9-14 years only. Low and high poverty estimates in HILDA refer to 9-14 year olds living in households where income is less than 50% and 60% of the median, respectively. Low and high carer estimates refer to imputed carer status in the HILDA, where the low estimate refers to a randomly selected 31% of young people living with a person with disability; this yields an estimate of the size of the young carer group as 7.1% of 9-14 year olds – similar to the percentage of 15 year olds in SDAC who identify as carers. The high estimate for the young carer group is imputed for HILDA as a randomly selected 38% of young people living with a person with disability, yielding an estimate of the size of the young carer group as 9.2% of 9-14 year olds - similar to that in ACWP.

Figure 4.1 also shows four estimates of the size of the 'marginalised' population of 9-14 year olds from the HILDA, with variations based on the poverty threshold used (50% or 60% median household income) and the proportion of 9-14 year olds who are imputed to be young carers (7.1% – close to the SDAC estimate of 15 year olds who are carers; and 9.2% – close to the ACWP estimate). Note that imputation of young carer data in the HILDA is necessary as no data are currently collected on this group. The HILDA estimates of the marginalised population range from 24.1% (where low estimates of poverty and carers are used) to 29.3% (where high estimates are used). Overlaps in the HILDA estimates (where young people are estimated as being in more than one marginalised group) are similar to those in the ACWP, ranging from 23% to 28% of the total estimated marginalised population.

While the comparisons in this chapter suggest that the share of young people with disability, Indigenous young people and (possibly) young carers in the ACWP sample may be overstated with respect to the Australian population, the share young people in the ACWP sample who are materially disadvantaged may be understated. On this basis, it is tentatively suggested that the proportion of young people in their middle years who identify as being in one of these four marginalised groups is large – between one in four, and three in ten. These estimates do not take into account other groups of young people who are recognised to be marginalised, but for whom overlaps with other groups may be difficult to estimate – this includes young people in out of home care, and young people in rural and remote Australia.

4.5 Conclusion

The aim of the sampling and reweighting procedure used for the ACWP survey was that for each of the Year 4, 6 and 8 samples, the reweighted sample would be representative of the Australian school going population with respect to sex, location (metro, provincial and rural) and the socio-economic status of the suburb where the school is located. It was not possible to reweight the sample with respect to disability, carers, family-level affluence and deprivation, Indigenous status or culturally and linguistically diverse status. It was therefore important to compare the size of these 'marginalised' samples with estimates from other data sources. While some ACWP estimates (for example, disability, Indigenous status) appear high, it is difficult to be sure why this might be the case: it could be associated with sample bias, or it could be the result of the young person themselves being the information source. For example, young people may respond differently to questions about disability or Indigeneity compared to their parents, carers or teachers.

Moreover, as subsequent chapters in this report show, these marginalised groups do appear to be significantly disadvantaged in comparison with the mainstream. Therefore, even if the exact size of some of these groups is uncertain, it is clear that they comprise a significant proportion of all young people in their middle years, and that policymakers need to be aware of, and act on, their disadvantage.

PART 2: DESCRIPTIVE RESULTS

Chapter 5 Ranking of domains

5.1 Key findings

An innovative item in the survey instrument allowed participants to rank the key domains for the 'good life', as identified in in-depth discussions with young people, in order of importance to them. Participants could place all six domains on the top shelf if they wished, or distributed them among six shelves. On average, and in all years, survey participants ranked the six domains in terms of importance for the good life as: (1) family (2) health (3) friends (4) school (5) community, and (6) money. Summary findings from the survey for each domain are presented in this order. Marginalisation and wellbeing across multiple domains is discussed in Chapter 14

5.2 Summary of qualitative findings

During the Phase one discussions, participants in most groups were asked to rank the domains that they had identified as the most important for 'the good life' in order of importance. While the majority in every group placed family at the top, there was some variation in how other domains were ranked, with friends, school and health all featuring in second, third and fourth places. Discussions sometimes revealed that motivations for ranking of domains differed across groups. For example, young people in most groups talked about liking school, and generally ranked it in order of importance as third or fourth. However, while young people in the mainstream group were often motivated by schoolwork itself, young people in the materially disadvantaged group spoke more of the importance of school as a place for meeting friends. Community and money were generally ranked quite low, including in the materially disadvantaged group.

5.3 Quantitative design and results

For the survey, an interactive item was developed to measure how survey participants rated the importance of six domains that young people at Phase one had nominated as important: health, neighbourhood/community, family, friends, school, and money/the things I have. The intention behind this item was to collect information regarding how young people prioritised these domains in terms of their wellbeing. A static screen shot of the ranking item as it appeared to participants is displayed in Figure 5.1. The main hypothesis underpinning this item was that survey participants' assessment of their wellbeing in high-ranking domains might contribute more to their overall wellbeing than their assessment of wellbeing in lower ranked domains. However, it is also possible that participants would use different motivations for ranking domains, so that a highly ranked domain was one that the participant saw as contributing positively towards the 'good life', while a low ranked domain might be seen as making a more negative contribution. This is the subject of further research.

Figure 5.1: Screenshot of Bookshelf as appeared in survey

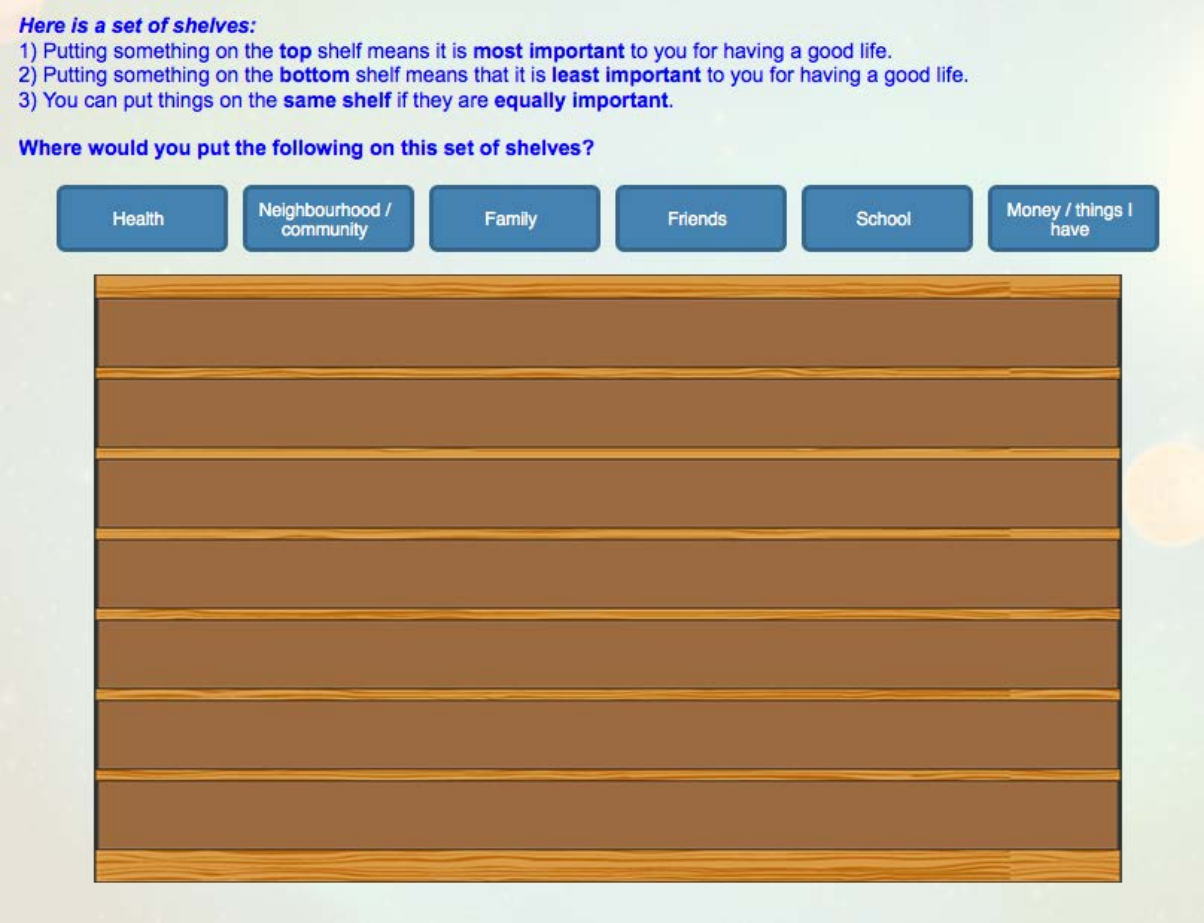


Table 5.1 shows that in all years, participants of the survey consistently considered family to be the most important domain for having a good life. About 90% of all participants put family on the top shelf. This was followed by health, friends, and then school. While all participants considered neighbourhood and money/things to be the least important to their wellbeing, the proportion of Year 4 participants putting these two domains on the top shelf was notably higher when compared to Year 6 and 8 participants.

Table 5.1: Importance of domains, by year level (per cent)

	Family	Friends	School	Neighbourhood/ Community	Health	Money /Things I have
Year 4	93.3	56.2	39.3	24.6	66.5	24.3
Year 6	93.6	54.9	39.9	16.1	63.9	18.5
Year 8	89.4	52.4	36.1	7.8	56.8	13.9

Note: percentages are weighted.

Table 5.2 shows that Years 6 and 8 participants were more likely than Year 4 participants to put only one or two domains on the top shelf. This response behaviour is perhaps a reflection of the different developmental or maturity level of the participants. These results suggest that older participants wanted to differentiate more in terms of the relative importance of the domains while Year 4 participants were more inclined to rate all domains

as equally important. This is illustrated by the larger proportions of Year 4 participants who placed four, five or all six domains on the top shelf compared with participants in Years 6 and 8.

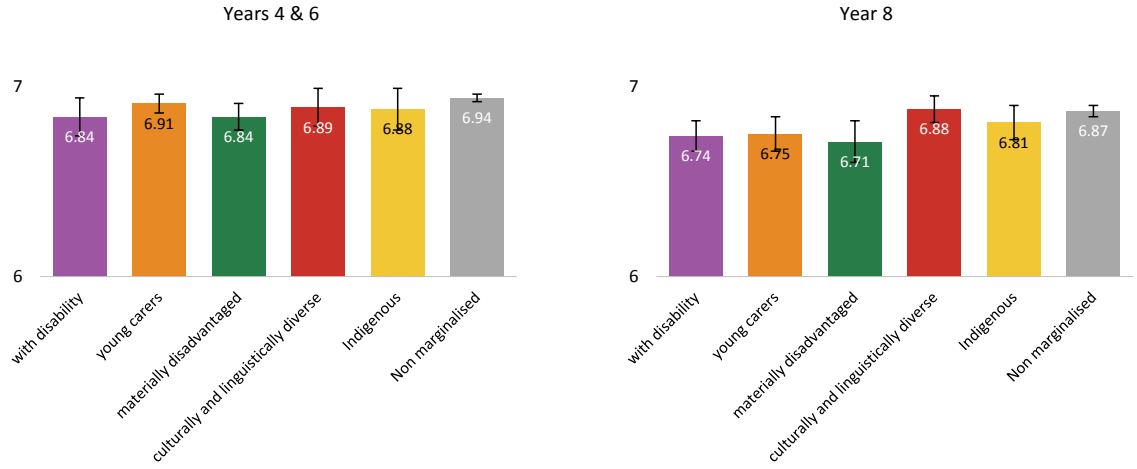
Table 5.2: Number of domains on top shelf, by year level (per cent)

	0	1	2	3	4	5	6
Year 4	1.5	16.5	19.8	24.3	20.3	11.3	6.2
Year 6	1.1	19.3	23.7	25.2	15.0	9.7	6.0
Year 8	1.7	22.2	28.5	24.5	15.0	4.8	3.3

Note: percentages are weighted.

Figure 5.2 shows that across the five marginalised groups with sufficiently large samples for analysis, there is relatively little difference in average ranking scores for family. In every group, moreover, family is clearly the most important domain. It is worth noting that among the small number of participants identified as in out of home care in the survey sample (n=84), the majority in this group also ranks family as the most important domain.

Figure 5.2: Marginalised and non-marginalised participants' ranking of family on domain shelves (mean)

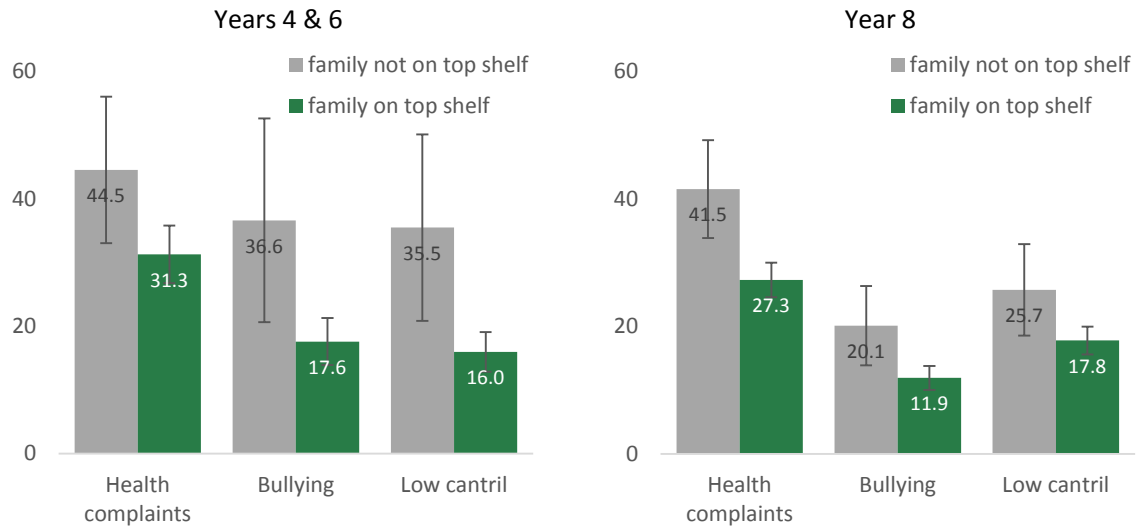


Note: means are weighted. Error bars represent 95% confidence intervals around estimates.

Survey participants who placed family on the top shelf (at least nine in ten of all participants) had better wellbeing indicators than participants who placed family on lower shelves. Figure 5.3 shows that in both Years 4 and 6 and Year 8, participants who did not place family on the top shelf were more likely to experience two or more health complaints every week – signs of stress and sub-optimal health – than participants who did place family on the top shelf. The survey item on health complaints, where participants were asked about the frequency they experienced a range of symptoms, is discussed in greater detail in Chapter 7. The figure also shows that in Year 8, participants who did not place family on the top shelf were more likely to report having experienced at least one type of bullying about weekly, compared with participants who did place family on the top shelf (the difference between the two groups in Years 4 and 6 is not so notable – error bars overlap). Items on bullying are discussed in greater depth in Chapter 8 (participants were asked about six types of covert bullying). Finally, Figure 5.3 also shows that in both year levels, participants who

placed family lower down the shelves were more likely to report a low quality of life than participants who placed family in the top shelf. The survey item on quality of life is discussed further in Chapter 12. The generally lower wellbeing reported by survey participants who placed family lower down the shelves raises questions about how some participants may have interpreted the ranking. Some may have placed those domains that they were happiest with at the top, rather than the domains that impacted most profoundly on how they perceived their wellbeing. This issue requires further research.

Figure 5.3: Experience of health complaints, bullying and low quality of life, by whether participants placed family on the top shelf (mean)



Note: percentages are weighted. Error bars represent 95% confidence intervals around mean estimates. For each indicator (health complaints, bullying and low quality of life). For Years 4 and 6, differences between means for health complaints and low quality of life are significant: family not on top shelf/family on top shelf: $p<0.05$. For Year 8, differences between means for health complaints and low quality of life are significant: family not on top shelf/family on top shelf: $p<0.05$.

The remaining chapters of Part 2 of this report discuss findings from each domain in order of importance as reported by the survey participants.

Chapter 6 Family

6.1 Key findings

- In the qualitative work, young people's definitions of family included the people they lived with, their immediate nuclear families, and complex families with extended kin networks.
- About three quarters of the participants lived with both their mother and father. About 13%-14% lived in a single parent household.
- One in four participants indicated a family health concern - a family member affected seriously by disability or long-term illness, depression or mental illness, or addiction to alcohol or other drugs. Over a quarter of participants with a family health concern in Year 6, and over a third in Year 8, reported having caring responsibilities for this family member (see also Chapter 15).
- Over 84% of participants in all Year levels reported talking together at least most days in the last week. Two thirds of participants reported having fun with their family at least most days last week.
- A notable proportion of participants (between 15% and 30%) indicated worrying 'a lot' about the possibility of a significant other getting arrested, fighting, not having a place to stay or enough to eat, or moving away or hurting somebody.
- Around 90% of all participants felt very close to their mother and around three quarters felt equally close to their father. Thirty per cent of participants at each year level also felt very close to a pet.
- About two thirds of participants reported being very close to between two and five people. Three in ten participants in Years 4 and 6, and two in ten in Year 8 reported being very close to six or more people.
- Between 2% and 3% of participants at each year level reported that did not feel very close to anyone.

6.2 Summary of qualitative findings

Each group, without exception, ranked family as the most important domain, although definitions and perceptions of what family meant differed considerably between individuals and groups. While the nuclear family was the most common definition, several children included grandparents as family members. Although we did not ask specifically about whom the young people lived with, it was clear that not all the people they considered 'family' lived in the same household. Moreover, young people in the Indigenous and culturally and linguistically diverse groups (and some other children) tended to refer to family in terms of an extended network of parents, siblings, grandparents, aunties and uncles, and cousins. Children living in out of home care did not refer to foster carers as family, but referred instead to parents and siblings. Many young people across the different groups nominated pets as being family members (or friends), and this seemed to be particularly relevant to children with a disability and to young people in out of home care. Most children talked

about the relational aspects of family life. Brothers and sisters were discussed in this context as well as parents (and in the case of Indigenous and culturally and linguistically diverse groups, their wider kinship group also). Positive aspects (which predominated) included love, support and fun. Negative aspects included fighting (between parents, or between siblings and parents), and bullying.

Reciprocal care between adult and child was also a feature of children's perception of family in several of the groups (it was especially marked among young people in the Indigenous and disability groups). That is, young people often saw their roles in terms of providing support as well as receiving it. Many young people saw the provision of care and support to family members as both enjoyable and integral to their wellbeing, as evidenced by the young person who considered special, the time spent with his brother who had a disability.

6.3 Quantitative design and results

Understanding how young people constructed their families was an important aspect of the design of the ACWP survey. The qualitative data highlighted the diversities within Australian families, and indicated that families were often incommensurate with households, which added further complexities to the definition of family. Given that one of the key aims of ACWP was to position young people at the centre of the research, it was considered important that survey participants be able to recognise themselves, and their families as they saw them, in the questions they were asked.

The qualitative work also established that young people perceive family as important to having a 'good life'. The large proportion of items dedicated to family were informed by the high importance young people placed on this domain in the Phase one ranking task.

Additionally, the qualitative work also informed the survey design in terms of other key issues relating to family. These included questions relating to guidance and the importance of rules for keeping young people safe. The way young people discussed family also led to further consideration of the concept of care. As the qualitative work revealed, care that young people received in families was often complementary to care that young people gave to family members. Thus the survey instrument included items on young people's contributions to family.

Factual questions

Both factual questions and wellbeing subdomains of family cohesion, monitoring and worry were included as part of the family domain. In this section, factual items are first considered, followed by wellbeing items.

Organisation of the household

Factual questions included items concerning the organisation of the household(s), number of adults with a paid job, family possessions, whether the participant had changed house or schools, out of home care, and family health and caring responsibilities. These were included in the survey instrument as a result of discussions with young people at Phase one. For example, when asked about family, young people often included a number of people outside of the 'nuclear' family concept, and often included non-humans as well:

> *And … at my dad's house I have two younger siblings, my … the second, my sister <name>, she is five, and my baby brother <name> is one. And, at mum's house it's just me, mum and our dog Anzac … I'm with my dad from Wednesday night til [sic] Saturday afternoon, and I'm with my mum from Saturday at 12 til [sic] Wednesday morning.*
>
> *Well I have my sister and my mum and my dad. So that's my basic family and then adding the pets, Spence [pet dog] and a couple of goldfish*

Young people's constructions of family structures and who they view as part of their family can be complex. Using the survey questions about organisation of the household, factual variables about family composition were derived to describe participants' living arrangements. These factual variables are reported in this chapter.

Participants at Phase one also discussed home as including more than one location. As one boy indicated, his mother and father lived in walking distance and he often moved seamlessly between to the two places,

> *Yeah, four years I've had my dad in my life, because we lived in different houses. When mum lived in home and dad lived on a different street, and when we went down to his house, we would always see snakes or spiders and we would be nice to them snakes and spiders.*

The survey worked to reflect this diversity. Survey participants were first asked about the number of homes they regularly sleep in. The question was drawn from the Children's Worlds survey (Rees and Main, 2015). Table 6.1 shows that that between 7 and 10% of participants regularly sleep in two different homes. By way of comparison, ABS estimates suggest that about one in ten children occasionally sleep with a parent living elsewhere (ABS, 2011). The percentage of Year 8 participants always sleeping in the same home (51.8%) was notably larger than the corresponding percentages for participants in Year 4 (36.0%). On the other hand, the percentage of participants sleeping regularly in two homes with different adults was similar for all three year levels (Year 4: 7.4%; Year 6: 9.5%; Year 8: 8.0%).

Table 6.1: Number of homes participants sleep in, by year level (per cent)

Question: This question is about the people you live with. Some children usually sleep in the same home each night. Other children sometimes or often sleep in different homes. Please choose which of the following sentences best describes you.

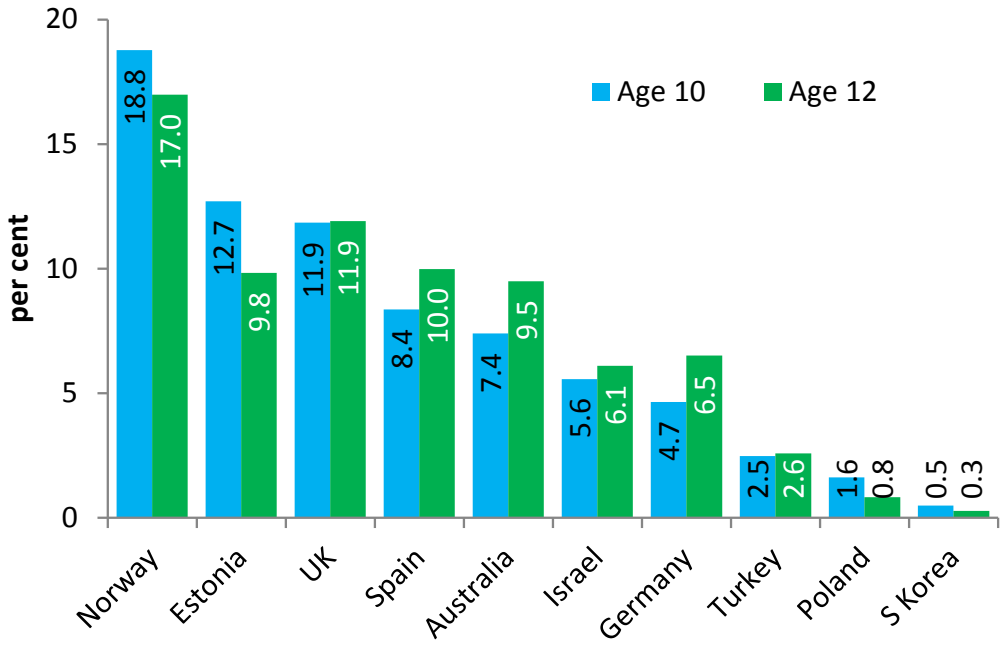
	I always sleep in the same home	I usually sleep in the same home, but sometimes sleep in other places	I regularly sleep in two homes with different adults
Year 4	36.0	56.5	7.4
Year 6	36.2	54.3	9.5
Year 8	51.8	40.2	8.0

Note: percentages are weighted.

International comparisons of the proportion of 10 and 12 year olds (roughly equivalent to Year 4 and Year 6 in the ACWP) who regularly sleep with different adults in a second home

are presented in Figure 6.1, with International comparison data taken from OECD countries participating in the 2014 Children's Worlds survey. This shows that the share of young Australians who report sleeping regularly in a second home is lower than in Norway, similar to that in Spain, and higher than in Israel, Germany, Turkey, Poland and Korea.

Figure 6.1: Young people regularly sleeping in two homes with different adults, by country and age (per cent)



Source: Children's Worlds 2014 and ACWP. Percentages are weighted. Comparison between ACWP and Children's Worlds data should be seen as indicative, given different methods of data collection between the two sources.

The question on number of homes participants sleep in was used as a filter question for items that followed (see below). Year 6 and Year 8 participants were asked about who they lived with in the one home if they selected 'I always sleep in the same home' or 'I usually sleep in the same home, but sometimes sleep in other places (for example a friend's house)'. Participants who selected 'I regularly sleep in two homes with different adults', were asked about who they lived with in both homes.

Table 6.2: Who lives in participants' first and second homes, by year level (per cent)

Question: Please tick all of the people who live in your home(s).

	Mother	Father	Mother partner	Father partner	Grand mother	Grand father	Brother	Sister	Other child	Other adult
First home										
Year 6	95.1	79.9	7.8	3.4	5.2	4.1	62.1	56.0	3.1	5.6
Year 8	96.4	82.0	7.4	2.6	5.6	3.7	58.8	59.2	2.6	4.9
Second home (per cent respondents who reported regularly sleeping in two homes with different adults)										
Year 6	13.2	85.9	2.8	32.2	7.1	5.3	42.6	41.1	16.5	20.8
Year 8	9.8	87.5	6.0	35.2	6.1	7.1	49.3	43.2	14.5	12.1

Note: percentages are weighted.

Table 6.2 shows the proportion of participants living with different family members and others in their first and second homes. First home results include data for all participants in Years 6 and 8, while the second home results are only for participants who indicated that they regularly slept in a second home. Over 95% of participants in both year levels indicated that they lived in their first (or only) home with their mother. About 80% of participants lived with their father in the same home. Between 56% and 62% of participants lived with either a brother or sister, or both. A small percentage of participants also lived with their grandparents. Among participants who also slept regularly in a second home, most (>85%) lived with their father in their second home, while relatively few respondents reported living with their mother in their second home. About a third lived with their father's partner and over four in ten reported living with siblings.

Family composition

Based on the responses to the questions regarding who lived in the participant's first and second home, if applicable, an indicator with four family composition categories was derived: (1) living with both mother and father; (2) living with only one parent (mother or father); (3) living with one parent and the parent's partner (this category could include same-sex parents because participants were not asked about their parents' sexes); (4) living in another family type. Table 6.3 shows three quarters of participants lived in their first home with both their mother and father, while 13-14% lived with their mother or their father in a single parent household. No notable differences in family composition were evident between year levels.

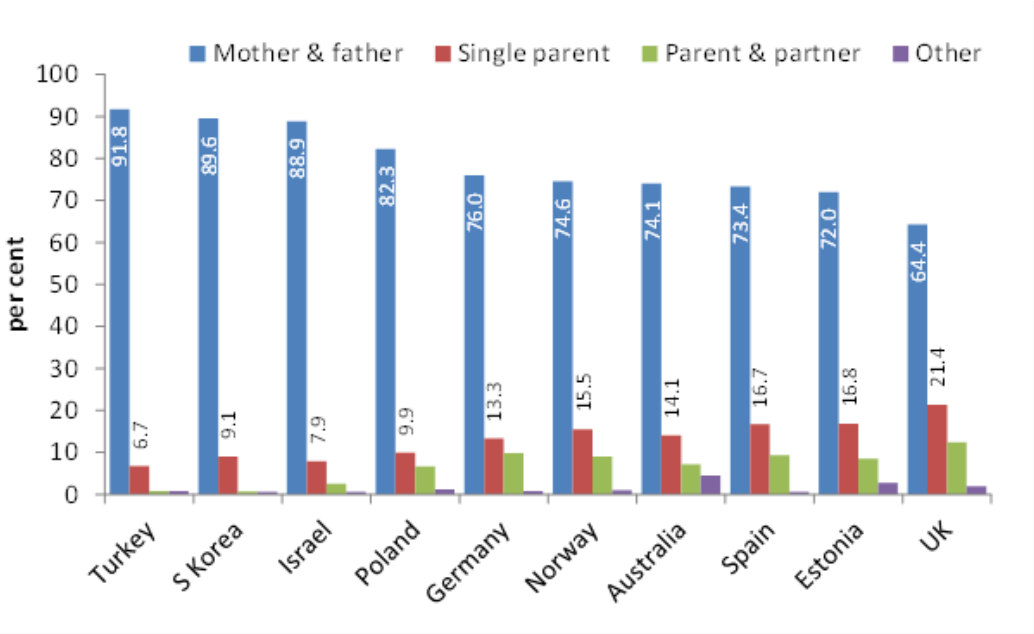
Table 6.3: Family composition, by year level (per cent)

	Lives with both mother and father	Lives in single parent household	Lives with one parent and parent's partner	Lives in another family type
First home				
Year 6	74.1	14.1	7.2	4.5
Year 8	77.4	13.0	6.7	3.0
Second home (per cent respondents who reported regularly sleeping in two homes with different adults)				
Year 6	1.1	61.8	34.9	2.3
Year 8	1.2	55.0	38.6	5.2

Note: percentages are weighted.

Figure 6.2 shows that in comparison with other OECD countries, the proportion of Australians in Year 6 (roughly aged 12 years) who report living with both mother and father is similar to the proportions in Germany, Norway, Spain and Estonia, but higher than in the UK.

Figure 6.2: Family type of 12 year olds' first home, by country (per cent)



Source: Children's Worlds 2014 and ACWP. Percentages are weighted. Comparison between ACWP and Children's Worlds data should be seen as indicative, given different methods of data collection between the two sources.

Moved house or changed school

During the Phase one qualitative interviews, participants reported that moving home, or to a new school, especially if it follows a major event such as parental separation, can be associated with lower wellbeing. On the other hand, some participants reported that moving home or school was positively associated with new beginnings (Redmond and Skattebol, 2014). The ACWP survey asked participants whether they had moved house or school in the past year. This was adapted from the Children's Worlds survey. The Children's

Worlds survey does not specify frequency of moves, however, it was expected that the frequency of change would be associated with other indicators of wellbeing. The response scale and the time frame of 'the past year' took into account that, in South Australia and Western Australia for example, most Year 8 participants would have had one transitional move from primary to secondary school, occurring between Year 7 and Year 8. More than one move of house or school was hypothesised to be negatively associated with other indicators of wellbeing. Table 6.4 shows that a notable proportion of participants had either moved house or changed school at least once in the past year. For all participants, moving house was slightly more common (20-30%) than moving schools (13-19%). A considerable proportion of participants moved house more than once in the past year and this occurred most often among Year 4 participants (8.8%). A smaller proportion of participants had moved school more than once in the past year, and again, this was slightly more evident for participants in Year 4 when compared to participants in Years 6 and 8.

Table 6.4: Moved house and changed school in past year, by year level (per cent)

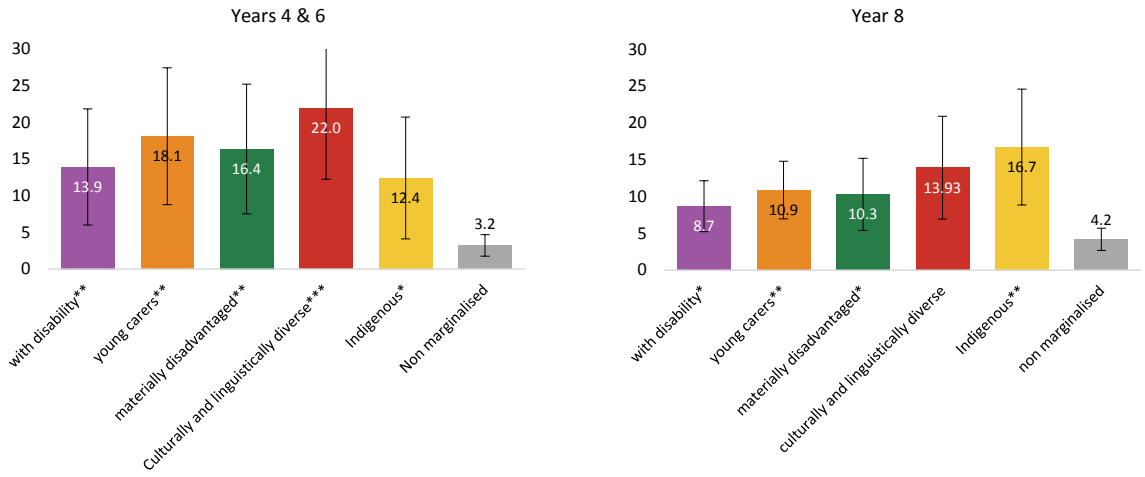
Question: In the past year, …

		Year 4	Year 6	Year 8
… have you moved house?				
	No	72.8	73.4	78.5
	Yes, once	18.3	21.9	16.6
	Yes, more than once	8.8	4.7	5
… have you changed school?				
	No	81.4	86.8	81.7
	Yes, once	13.2	11.5	15.4
	Yes, more than once	5.4	1.7	3

Note: percentages are weighted.

Figure 6.3 shows that, apart from Year 8 culturally and linguistically diverse participants, participants in the marginalised groups in Years 4 , 6 and 8 were significantly more likely to have moved house or school more than once in the past year than participants in the non-marginalised group. Consistent with the overall percentages on Table 6.4, young people in most marginalised groups were more likely to have moved home twice or more, than have moved school twice or more.

Figure 6.3: Marginalised and non-marginalised participants who have moved house or school twice or more in the past year (per cent)



Note: percentages are weighted. Error bars represent 95% confidence intervals around estimates. Asterisks next to labels on the horizontal axes denote a significant difference between the relevant marginalised group and the non-marginalised group. * p<0.05; ** p<0.01 *** p<0.001

Out of home care

Young people living in out of home care were a population of interest for ACWP. In the qualitative research, young people in this group considered family to be the most important domain for a good life. The survey sought to allow participants the opportunity to self-identify as living in an out of home care arrangement by including a question on whether participants lived with members of their family, in a foster home, in residential care or a group home, or in another type of home. This question therefore gave participants who were living in kinship care (a form of out of home care) to report that they lived with members of their family, or that they lived in a foster home. Information obtained from this question (adapted from Children's Worlds survey Rees and Main, 2015 for an Australian context) was used to calculate the out of home care reporting subgroup. Table 6.5 shows that almost all of the participants surveyed stated that they lived with members of their family. Year 4 participants were most likely to report that they did not live with members of their family (6.3%), while Year 8 participants were least likely (0.9%).

Table 6.5: Participants in out of home care, by year level (per cent)

Question: Which of the following best describes the home you live in most of the time?

	I live with members of my Family	I live in a foster home	I live in residential care or a Family group home	I live in another type of home
Year 4	93.7	0.4	3.6	2.3
Year 6	96.8	0.7	0.4	2.1
Year 8	99.2	0.2	0.1	0.6

Note: percentages are weighted.

Among participants in the Children's Worlds Survey in other OECD countries, the proportions of 10 and 12 year olds stating that they did not live with members of their

family were generally lower than those in Australia, ranging from 2.6% (in Germany) to 0.3% (in Poland) among 10 year olds (roughly equivalent to Year 4), and from 2.3% (in Germany) to 0.1% (in South Korea) among 12 year olds (roughly equivalent to Year 6). However, given the cultural and policy specificity of out of home care, and the small proportions in this group, it is difficult to draw any firm conclusions from these differences.

Family health

Concerns about the health of family members were evident in the in-depth research. Many marginalised young people in Phase one reported living with family members who were ill, or disabled, and talked about this as influencing the way they led their lives. For some of the young people, living with a family member who was ill or disabled was raised in discussions of health alongside healthy behaviours. For example, one girl provided clear detail of the effect her father's illness had on her family and her responsibilities associated with his care. She explained:

> *[w]hen I was growing up, me and [my sibling] were growing up, we had our dad and he had dementia. He had five things that I can't remember because they're really big long words, too big, and once he went outside, and because we had a lock on the door, we had an alarm and a lock, but he unlocked the alarm and he went outside and he got bashed and he got his ribs broken and he got two black eyes. And I went into the hospital. Sometimes when you have someone that's sick or going through hard stuff, you have fun with them.*

This girl elaborated further on how her father's illness meant that he relied strongly on her as a carer. This cut across other important areas of her life including having to adapt her education around his care, and experiences of bullying;

> *Education at home, since I have a dad that had five things in his health that was a problem. I had to get him a cup of tea, I sat in there doing my homework with him, watching TV, little baby cartoons, I didn't really care about that and when people would tease me I would ignore them, and then family, I love them, I would not let anything beside them unless – like, I would not put them beside me and think about something else. And like, think about all this – like I've had it and all that, I wouldn't think that up.*

This example indicates that caring work is integral to the lives of some young people who have ill or disabled family members. The ACWP survey asked participants whether any of their family members had a serious illness or concerns that may highlight the potential need for the participant to care for these family members. This question was adapted from the Sustainable Health and Wellbeing Survey - New Zealand (SHWB-NZ). Note that categories were not mutually exclusive and participants could select any combination, except the category 'none of these'. Table 6.6 shows that about three quarters of participants in Years 4, 6 and 8 reported that no one in their family was affected by a health concern. Of those participants who indicated a health concerns with family members, disability or long term illness was the most common (12-14%) followed by depression or mental illness (7-11%) and then drugs and alcohol use (7-8%). The family health concerns question is the subject of further analysis, in Chapter 15.

Table 6.6: Family health concerns, by year level (per cent)

	Disability or chronic illness	Mental Illness or depression	Alcohol or drug addiction	None
Year 4	16.2	7.1	7.9	74.9
Year 6	12.2	10.1	7.0	77.2
Year 8	13.7	11.5	7.8	74.6

Note: percentages are weighted.

As highlighted above, caring, as an important element in relationships between people may be associated with other aspects of wellbeing. Identifying carer status was important for the ACWP. Consequently, participants who reported having a family member with health concerns were asked whether they cared for them. This question was adapted from SHWB-NZ. Table 6.7 shows that a notable proportion of participants reported completing extra work around the home because someone with health concerns was unable to. A higher proportion of Year 4 (47.7%) and Year 8 (38.5%) participants reported completing extra work compared to Year 6 (27.6%) participants, but the reason for this is unclear. Nonetheless the data suggest that a substantial proportion of young people in their middle years engage in caring work.

Table 6.7: Caring responsibilities, by year level (per cent)

Question: Do you do extra work around your home because someone is disabled or sick or 'can't do things'?

	Yes
Year 4	47.7
Year 6	27.6
Year 8	38.5

Note: percentages are weighted.

The inclusion of this question allowed the ACWP to examine the impact of caring for a family member with a health concern on young people, as well as the relationship between family illness/disability, caring and school engagement. Furthermore, this question was employed to create the young carers group, one of the marginalised groups analysed in this report.

Adults with a paid job

In the Australian context, poverty is closely associated with living in a jobless household (Whiteford, 2009). Participants were asked about the number of adults with paid jobs in their households. Percentages of participants reporting the number of adults with a paid job are presented by year level in Table 6.8. More than half of all participants reported that there were two adults with a paid job in their first home. The proportions in this category were larger at Year 8 than Years 4 and 6. Over nine in ten participants lived in a first home with at least one adult with a paid job. A small proportion of participants (2-3%) indicated that no adult had a paid job, and this percentage was similar across the different year levels. Additionally, over eight in ten of the participants who indicated that they regularly slept in a second home reported that their second home had at least one adult with a paid job. The proportion participants reporting that there were no adults in paid work in their second homes, was larger than the proportion in first homes.

Table 6.8: Adults with a paid job, by year level (per cent)

Question: How many adults that you live with have a paid job?

	None	One	Two	More than 2	Don't know
First home					
Year 4	2.9	25.7	58.6	8.0	4.8
Year 6	3.2	30.0	57.1	7.2	2.5
Year 8	2.3	23.5	61.6	10.6	2.0
Second home (per cent respondents who reported regularly sleeping in two homes with different adults)					
Year 4	11.5	46.8	27.6	6.8	7.3
Year 6	5.8	49.1	31.7	5.9	7.5
Year 8	9.1	47.2	35.9	6.0	1.9

Note: percentages are weighted.

Table 6.9 shows that there are significant differences by school SEIFA in the proportions of participants reporting adults with paid work in their first homes at both Years 4 and 6. For example, 74.0% of Year 4 participants attending schools in high SEIFA areas (that is, where socio-economic circumstances are higher, on average) reported that there were two adults in paid work in their households, compared with 55.6% in low SEIFA areas (where socio-economic circumstances are lower). This finding is not surprising given that employment is one of the factors taken into account when calculating SEIFAs (ABS, 2008).

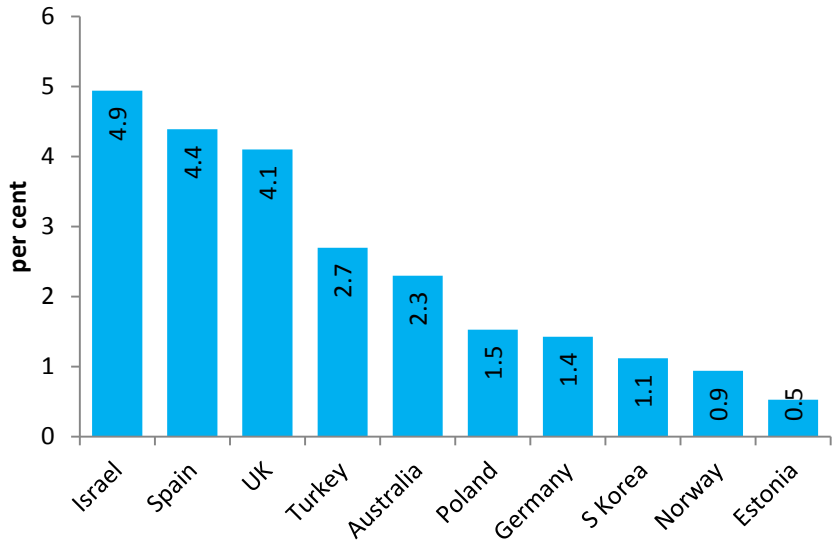
Table 6.9: Adults with a paid job in the first home, by year level and SEIFA (per cent)

	None	One	Two	More than 2	Don't know
Year 4					
SEIFA					
Low	4.9	24.9	55.6	7.7	6.9
Middle	2.7	34.0	46.9	12.0	4.5
High	1.6	17.1	74.0	3.8	3.6
Year 6					
SEIFA					
Low	5.6	35.3	43.6	9.3	6.2
Middle	2.0	31.6	56.5	7.9	2.0
High	2.8	24.5	67.2	5.0	0.6
Year 8					
SEIFA					
Low	3.2	23.1	62.2	9.6	2.0
Middle	2.6	25.6	57.9	11.1	2.9
High	1.4	21.9	64.8	10.8	1.1

Note: percentages are weighted.

Figure 6.4 shows the proportions of 12 year olds in other OECD countries reporting that they live in homes where no adult is in paid work. In all countries, fewer than 5% of young people reported living in jobless households. Proportions in Israel, Spain and the UK are notably higher than the proportion in Australia, while proportions in Poland, Germany, South Korea, Norway and Estonia are notably lower.

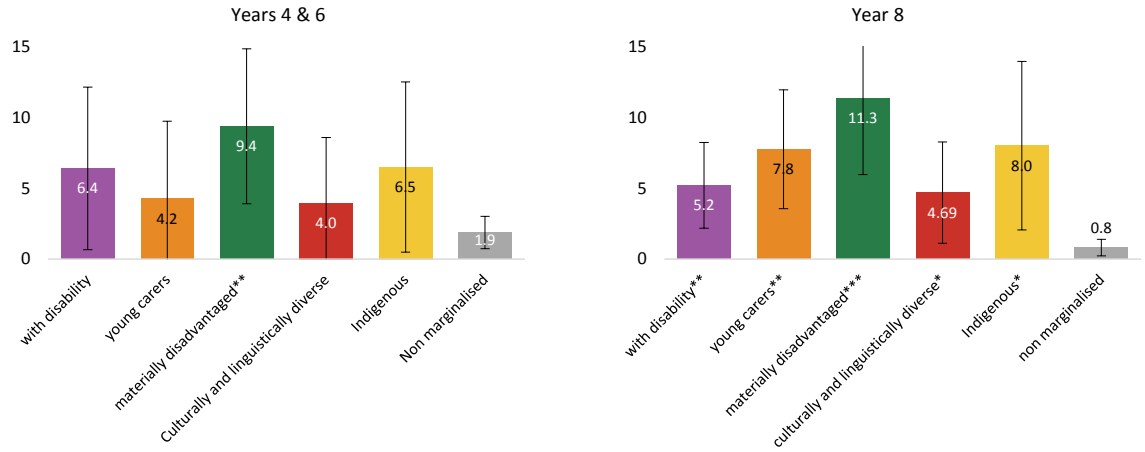
Figure 6.4: Twelve year olds living in households where no adults are in paid work, by country (per cent)



Source: Children's Worlds 2014 and ACWP. Percentages are weighted. Comparison between ACWP and Children's Worlds data should be seen as indicative, given different methods of data collection.

Figure 6.5 shows that joblessness in the home is concentrated among participants in the marginalised groups (young people in out of home care and young people in rural and remote Australia are excluded because of small number of observations for these groups). About a tenth of materially disadvantaged participants report living in homes where no-one has paid work. This compares with less than 2% of non-marginalised participants in Years 4 and 6 and less than 1% in Year 8. Among Year 8 participants in the five marginalised groups, proportions living in homes where no-one is in paid work are all appreciably higher than the proportion in the non-marginalised group. While the percentages are small, and therefore need to be treated with caution, they do show a consistent pattern among Year 8s of higher joblessness in the homes of marginalised participants.

Figure 6.5: Marginalised and non-marginalised participants living in households where no adults are in paid work (per cent)



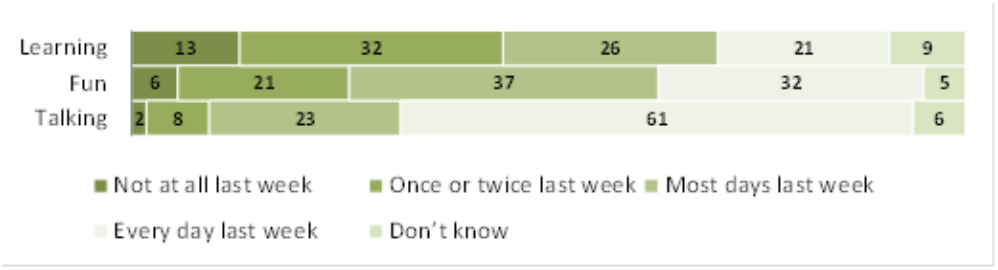
Note: percentages are weighted. Error bars represent 95% confidence intervals around estimates. Participants answering "don't know" are excluded. Asterisks next to labels on the horizontal axes denote a significant difference between the relevant marginalised group and the non-marginalised group.
* p<0.05; ** p<0.01 *** p<0.001

Wellbeing subdomains

Cohesion

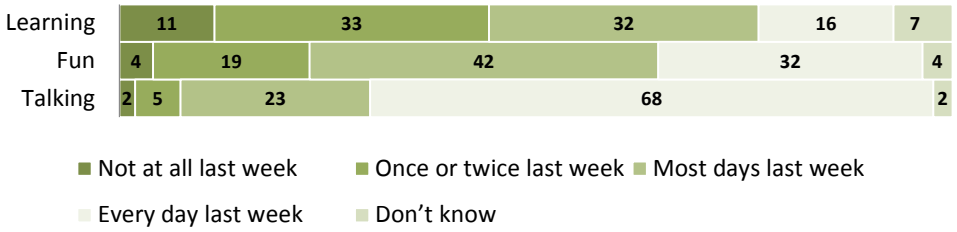
Given the importance that young people placed on families as a source of love and protection during the Phase one interviews, it was seen as important to capture family cohesion in the survey. Items designed to measure family cohesion were selected from the Children's Worlds survey (Rees and Main, 2015). Participants were asked "How often in the past week have you spent time doing the following things with your family? (1) Talking together; (2) Having fun together; (3) Learning together. Proportions of participants selecting each of the five possible response categories are shown on Figure 6.6, Figure 6.7 and Figure 6.8.

Figure 6.6: Year 4 responses on family cohesion items (per cent)



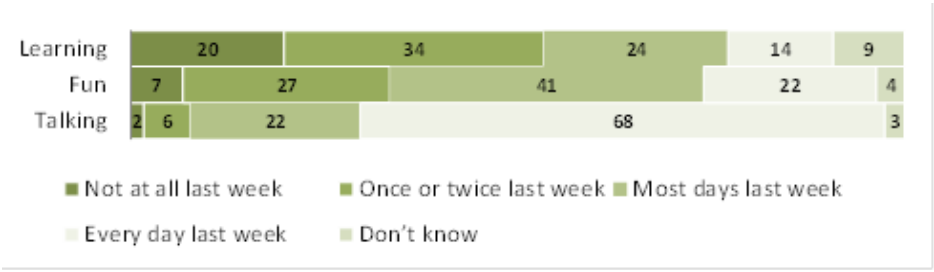
Note: percentages are weighted.

Figure 6.7: Year 6 responses on family cohesion items (per cent)



Note: percentages are weighted.

Figure 6.8: Year 8 responses on family cohesion items (per cent)



Note: percentages are weighted.

Over four in five participants in all year levels reported talking with their family most days or every day in the last week. Having fun was the next most frequent activity (63%-74% most days or every day) followed by learning (38%-48%). On the other hand, 11-20% of participants reported not spending any time learning with their family last week, and 4-7% reported not spending any time having fun.

The three individual items (learning, fun and talking) were combined into a scale measuring family cohesion with a mean of 10 and a standard deviation of 2. Table 6.10 shows results for this scale by year level. The table shows that that family cohesion was lower in Year 8 (*M* = 9.70) than in Years 4 (*M* = 10.14) and 6 (*M* = 10.16). In other words, participants in Year 8 tended to engage less in talking, learning and having fun with their families than participants in Year 4 and 6.

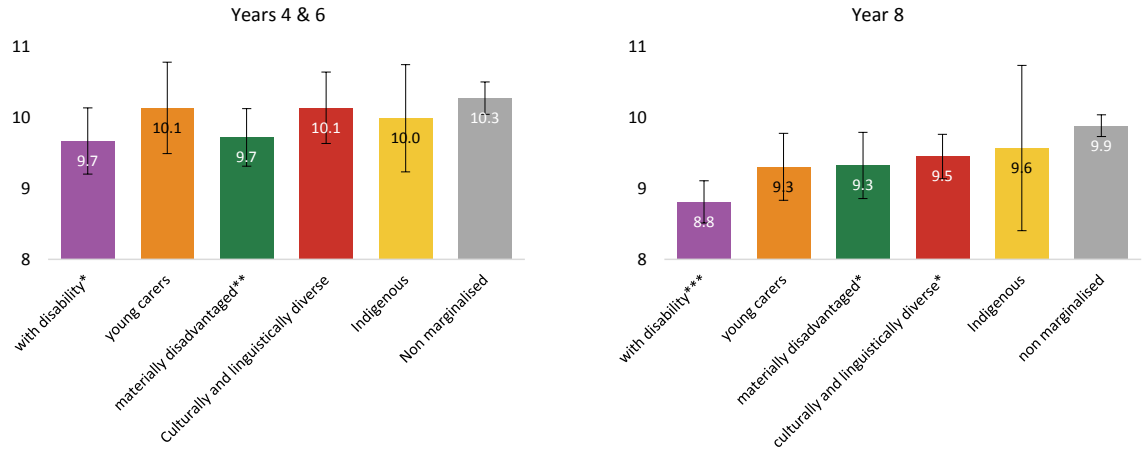
Table 6.10: Family cohesion scale scores, by year level (average scores, M=10; SD=2)

	Family cohesion scale	
	Mean score	SE
Year 4	10.14	0.15
Year 6	10.16	0.13
Year 8	9.70	0.07
Difference in mean score between reporting subgroups		
	Mean score diff.	SE
Year 4 *minus* Year 6	-0.02	0.16
Year 4 *minus* Year 8	0.43	0.16
Year 6 *minus* Year 8	0.46	0.15

Note: scores are weighted.

Figure 6.9 shows family cohesion scale scores for the five largest marginalised groups. Among participants in Years 4 and 6 (combined), differences in average family cohesion are evident between young people with disability and materially disadvantaged young people on the one hand, and non-marginalised young people (those not in any marginalised group) on the other. Among participants in Year 8, notable differences in family cohesion scores are evident between young people with disability, materially disadvantaged young people and young people who are culturally and linguistically diverse, compared with non-marginalised young people.

Figure 6.9: Average family cohesion scale scores for marginalised and non-marginalised groups (mean = 10)



Note: means are weighted. Error bars represent 95% confidence intervals around mean estimates. Asterisks next to labels on the horizontal axes denote significant difference between the relevant marginalised group and the non-marginalised group. * p<0.05; ** p<0.01 *** p<0.001

Family monitoring

Participants valued their parents' guidance and help in navigating through daily life. In Phase one, the culturally and linguistically diverse and materially disadvantaged groups discussed how rules and guidance were important and should be determined by parental figures, highlighting the types of guidance and support valued by young people in the family. They understood rules and guidance as contributing not only to their present wellbeing and safety, but also to their future lives. As one young person stated:

Without rules, the world would be in chaos.

In response to concerns about the need for guidance, especially from parents, raised by participants during the Phase one interviews, the following three family monitoring items were drawn from the Victorian HowRU? Survey (which in turn obtained them from the Communities That Care survey instrument). Only Year 8 participants were asked these three items. Table 6.11 shows that about 60% of Year 8 participants reported a large degree of family monitoring for the different scenarios (i.e. 'YES!' category). Furthermore, approximately 90% of participants indicated at least some degree of monitoring ('yes' or 'YES!' category). A small proportion (<5%) indicated a lack of family monitoring ('NO!' or 'no' category), and this small proportion was similar across the three situations (i.e. curfew, monitor and call).

Table 6.11: Family monitoring, by year level (per cent)

Question: These questions ask you about your family. When we ask about your mother and father we want you to think about whom you live with most of the time. This includes step-parents, foster parents or guardians.

	NO!	no	yes	YES!	This doesn't apply to me
Curfew: My parents would know if I didn't come home on time	0.9	4.1	28.6	60.9	5.5
Monitor: When I am not at home, one of my parents knows where I am and who I am with	1.2	3.4	32.6	60.4	2.4
Call: My parents want me to call if I'm going to be late getting home	0.8	3.5	26.4	62.9	6.4

Note: percentages are weighted.

The three family monitoring items were combined to form a scale with a mean of 10 and a standard deviation of 2. The Year 8 participants had a mean of 10 (*SE* = 0.03). Table 6.12 shows that large differences were evident between boys and girls, but not by geographic location, or SEIFA of the school the participant attended.

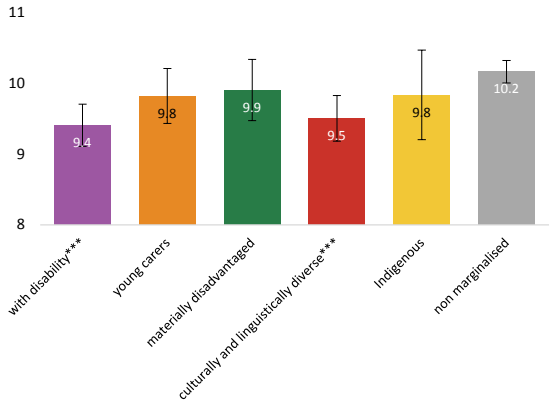
Table 6.12: Family monitoring scale, by sex, geographic location and SEIFA (average scores, M=10; SD=2)

	Family monitoring scale		Difference in mean score between reporting subgroups		
	Mean score	SE	Reporting subgroup comparison	Mean score diff.	SE
Sex					
Girls	10.42	0.11	Girls *minus* Boys	0.82	0.15
Boys	9.60	0.10			
Geographic location					
Metro	9.99	0.11	Metro *minus* Provincial	0.02	0.17
Provincial	9.96	0.12	Metro *minus* Rural/Remote	-1.19	0.66
Rural/Remote	11.17	0.65	Provincial *minus* Rural/Remote	-1.21	0.67
National SEIFA					
Low	10.09	0.18	Low *minus* Middle	0.12	0.22
Middle	9.96	0.13	Low *minus* High	0.11	0.22
High	9.97	0.11	Middle *minus* High	-0.01	0.17

Note: percentages are weighted.

Figure 6.10 shows family monitoring scale scores for the different marginalised groups, and for the non-marginalised sample. Young people with disability and culturally and linguistically diverse young people report lower levels of monitoring than non-marginalised young people. However, more research is needed in order to assess possible explanatory factors behind these differences.

Figure 6.10: Average family monitoring scale scores for marginalised and non-marginalised groups, Year 8 (mean = 10)



Note: means are weighted. Error bars represent 95% confidence intervals around mean estimates. Asterisks next to labels on the horizontal axes denote significant difference between the relevant marginalised group and the non-marginalised group. * p<0.05; ** p<0.01 *** p<0.001

Worry

The subdomain worry was measured by items which sought to capture the degree of vulnerability and harm the participant felt that someone close to them might experience. Six items were adapted from the Family Worries Scale (Graham-Bermann, 1996) and were proposed to form two subscales, namely Vulnerability Significant Other and Harm Significant Other, based on three items each. Table 6.13 shows that about a fifth of participants worried 'a lot' that someone close to them would get arrested, or be fighting, while a slightly higher proportion worried that someone close to them would not have a place to live (Year 4: 28.3%; Year 6: 20.1%; Year 8: 23.5%). About a fifth of participants also worried 'a lot' about someone close to them not having enough to eat, moving away or hurting somebody.

Table 6.13: Worries about harm and vulnerability, by year level (per cent)

Question: How much do you worry that someone close to you….

		Year 4	Year 6	Year 8
Will get arrested	Not at all	52.8	58.8	57
	A little	19.7	19.2	14.4
	Somewhat	6.5	4.5	8.8
	A lot	21.1	17.5	19.8
Will be fighting				
	Not at all	36.9	45.5	41.1
	A little	29.2	27	25.7
	Somewhat	12.7	11.5	14.5
	A lot	21.3	16	18.7
Won't have a place to live				
	Not at all	50.2	62.3	55.6
	A little	14.9	12.4	13
	Somewhat	6.6	5.2	8
	A lot	28.3	20.1	23.5
Won't have enough to eat				
	Not at all	47.8	61.7	57.1
	A little	19.4	13.3	12.2
	Somewhat	8.6	5.1	8
	A lot	24.2	19.9	22.7
Will move away				
	Not at all	37.4	41.9	36.7
	A little	24.9	24.4	23.2
	Somewhat	17.3	13.6	18.2
	A lot	20.4	20.1	21.9
Will hurt somebody				
	Not at all	46.6	60	52.2
	A little	21.9	18.2	16.4
	Somewhat	13.1	7.4	11.7
	A lot	18.4	14.3	19.7

Note: percentages are weighted.

The three items regarding worry that someone close to them would get arrested, fight or hurt someone were combined in a scale to measure harm significant other. Table 6.14 shows results for this scale by year level. Results indicated that participants in Year 4 worried more about a significant other getting arrested, fighting, not having a place to live, not having enough to eat or hurting someone than participants in Years 6 or 8.

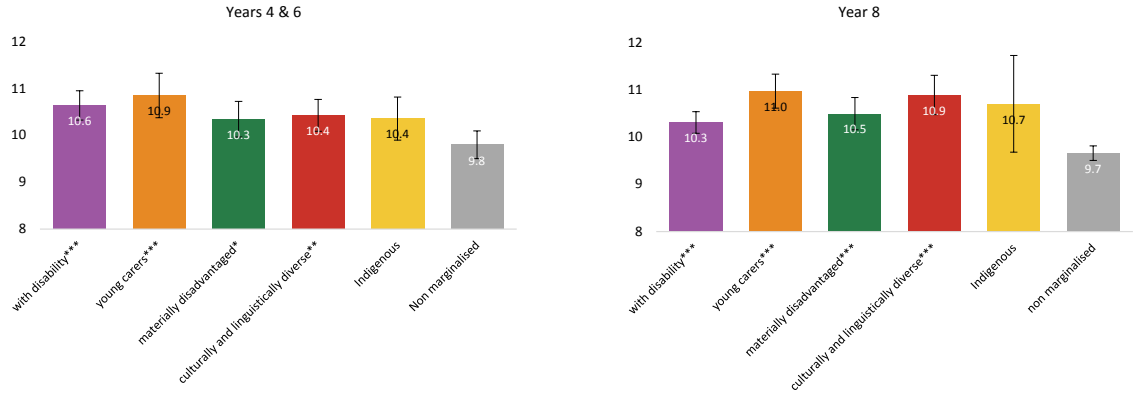
Table 6.14: Harm significant other scale scores, by year level (mean = 10, SD = 2)

	Mean score	SE
Year 4	10.27	0.10
Year 6	9.75	0.19
Year 8	9.98	0.08
Difference in mean score between reporting subgroups		
	Mean score diff.	SE
Year 4 *minus* Year 6	0.53	0.17
Year 4 *minus* Year 8	0.29	0.13
Year 6 *minus* Year 8	-0.24	0.20

Note: scores are weighted.

Figure 6.11 shows systematic differences in the harm significant other scale scores for young people with disability, young carers, materially disadvantaged young people, and culturally and linguistically diverse young people. In all cases, young people in the marginalised groups worried more, on average, about someone they were close to getting arrested, fighting or hurting someone than young people in the non-marginalised groups. This finding is corroborated by young people's accounts of their lives at Phase one, where some, for example, showed familiarity with the justice system, and others talked about family members fighting.

Figure 6.11: Average harm significant other scale scores for marginalised and non-marginalised groups (mean = 10)



Note: means are weighted. Error bars represent 95% confidence intervals around mean estimates. Asterisks next to labels on the horizontal axes denote significant difference between the relevant marginalised group and the non-marginalised group. * p<0.05; ** p<0.01 *** p<0.001.

The three items asking about the extent to which participants worried that someone close to them would not have a place to stay, enough to eat, or would move away, were combined to form the scale vulnerability significant other. Table 6.15 shows that there are no significant differences for this scale between the three year levels.

Table 6.15: Worry-vulnerability significant other scale scores, by year level (mean = 10, SD = 2)

	Mean score	SE
Year 4	10.22	0.14
Year 6	9.77	0.16
Year 8	10.01	0.08
Difference in mean score between reporting subgroups		
	Mean score diff.	SE
Year 4 minus Year 6	0.45	0.23
Year 4 minus Year 8	0.21	0.16
Year 6 minus Year 8	-0.23	0.18

Note: scores are weighted.

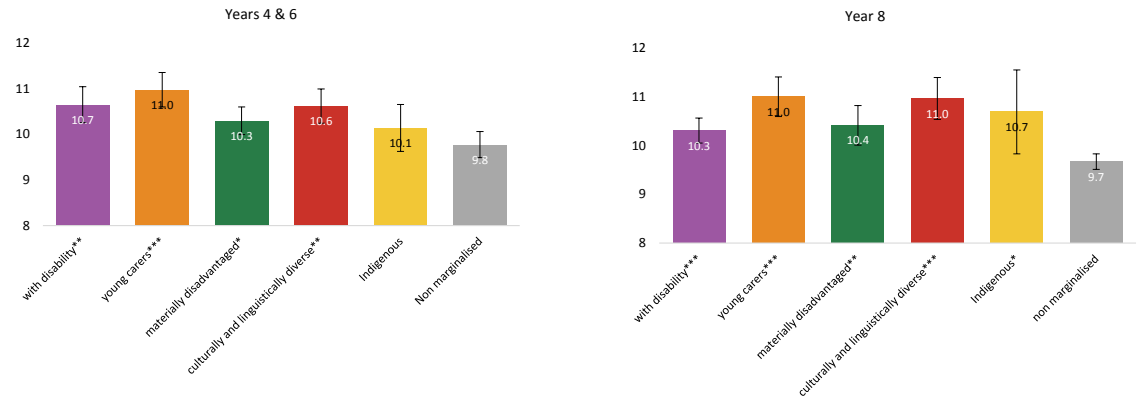
Figure 6.12 shows worry-vulnerability scale scores for five marginalised groups, and the non-marginalised. Systematic differences are apparent for four of the marginalised groups at Years 4 and 6, and at Year 8 (the exception is Indigenous, where differences are notable only at Year 8).

These findings are consistent with findings from in-depth interviews and groupwork at Phase one. For example, one person stated:

> *You need food because if you don't have any food you'll be very hungry and you start stealing and you'll be like shoplifting from shops to get food. And you'll go really, really, really skinny.*

This comment may be a reflection of cautionary tales circulating in the family or the community, or it may be a reflection of direct experience with food security issues. However, it is consistent with worries about not having enough to eat.

Figure 6.12: Average vulnerability significant other scale scores for marginalised and non-marginalised groups (mean = 10)



Note: means are weighted. Error bars represent 95% confidence intervals around mean estimates. Asterisks next to labels on the horizontal axes denote significant difference between the relevant marginalised group and the non-marginalised group. * p<0.05; ** p<0.01 *** p<0.001

Closeness of relationships

Networks not only provide access to key resources but they are an important aspect of child development with significant influences on mental health, identity formation, adjustment, self-esteem and ability to cope with stress and building of social and cultural capital (Dolan, Canavan and Pinkerton, 2006; Kana'iaupuni, Donato, Thompson-Colón *et al.*, 2005; McGrath, Brennan, Dolan *et al.*, 2014; Oberle, Schonert-Reichl, Guhn *et al.*, 2014; Weller, 2009). Furthermore, networks function to enhance young people's social capital (Holland, Reynolds and Weller, 2007; Morrow, 1999; Weller and Bruegel, 2009; Wells, 2011). Other research also indicates that effective networks offer buffering or protective factors and are the foundation for resilience (Attree, 2004; Kana'iaupuni *et al.*, 2005; Pinkerton and Dolan, 2007; Reynolds and Crea, 2014). For young people, whose lives may be framed by marginalisation, the aspects of buffering or protection may be particularly pertinent. Questions in the survey regarding networks focused on measuring who young people reported being close to (which spoke to the intensity and strength of networks) and certain activities or moments that might shore up their networks (family cohesion questions).

The role of support networks as a protective factor informed the design of further qualitative fieldwork with marginalised and non-marginalised young people (Phase five). Based on analysis from survey data, young people were asked to elaborate on closeness by asking them about what resources and people (and pets) are included in their networks, how they engaged with their network, what type of support is most valued and who young people themselves support.

In these follow-up interviews, young people tended to emphasise the importance of support networks that they could draw on, not only in times of crisis, but also in their daily lives. As one young girl explained, her network not only included members of her household but also extended family and non-relatives (family friends and her teacher), who she could rely on for various types of support:

> *Lots of my family and friends help me. My teacher helps me, teaches me things. My mum helps me and my dad. My auntie, like nearly all my family members help me, so no other relatives in there. My brother helps me when I'm stuck with homework. My nanna and my poppa helps me, and then I help my family friends when they help me. I help my mum, I help my dad around the house and stuff, and I help my brother when he's having trouble doing something, and I help most of the people that help me. So, yeah.*

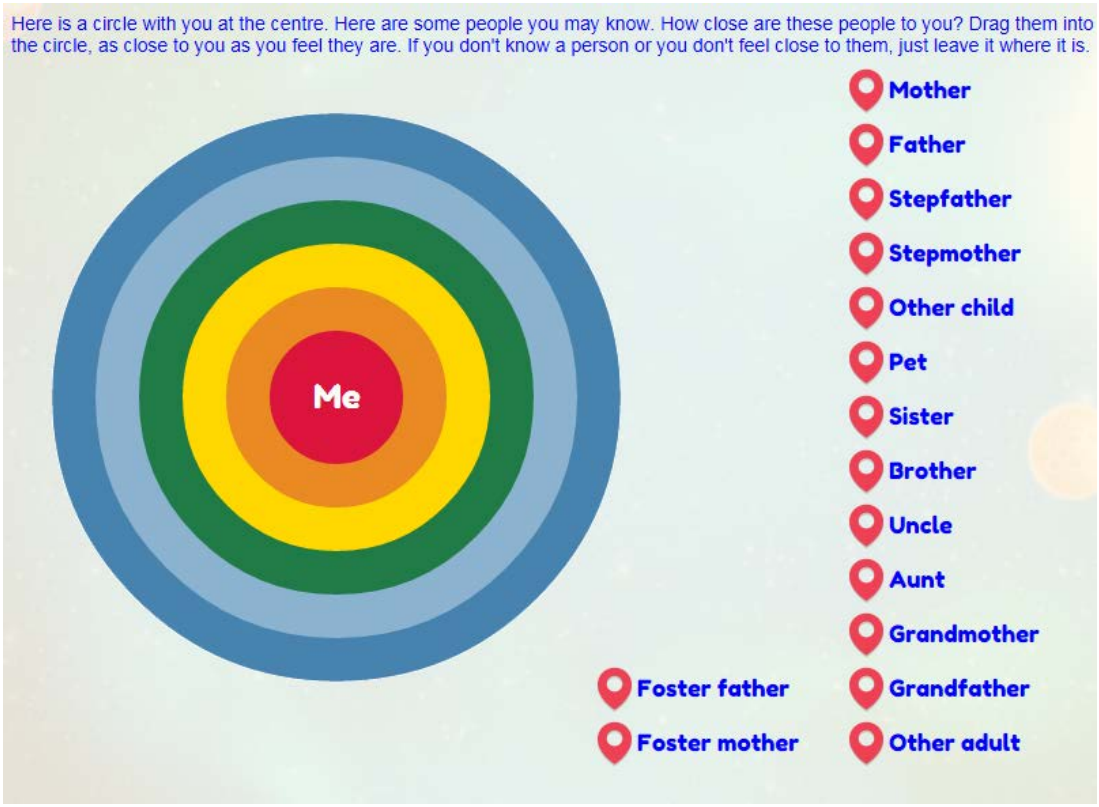
In group work and in-depth interviews, young people frequently included their pets in their networks as they offered a specific type of companionships support, as one young boy with disability explained:

> *When you feel like you're getting roused on all the time or something, you can just go and talk to them, or pat them, or hug them, sit down. I like doing that.*

In order to obtain information on this support networks, survey participants were asked to place different people on a circle map with the participant (i.e. 'me') at the centre. The closer to the centre a person (or pet) was placed, the closer the participant was assumed to feel towards this person.

Figure 6.13 shows a static screen shot of this interactive item. It was developed specifically for the online administration mode of the ACWP. It was based on the work by Samuelsson, Thernlund and Ringström (1996), and Sturgess, Dunn and Davies (2001) who used similar maps but with pen and paper in a one-on-one personal administration mode. The adaptation of this item to an online format enabled participants to identify who was important, and how many people were important, in their lives.

Figure 6.13: Screenshot of ME! Circle as appeared in survey



Analysis of participant responses first considered the number of people to whom participants felt close. The item's instructions were explicit about not putting people into any of the rings if participants did not know them or did not feel close to them. Table 6.16 below shows the (weighted) average number of people participants put in each ring with, the first ring indicating the closest connection to the participant. It should be noted that the maximum number of each person or pet, that participants could 'drag' into one of the rings, was five. For example, a participant could put up to five aunts in each of the five rings.

Table 6.16: Number of persons in ring, by year level

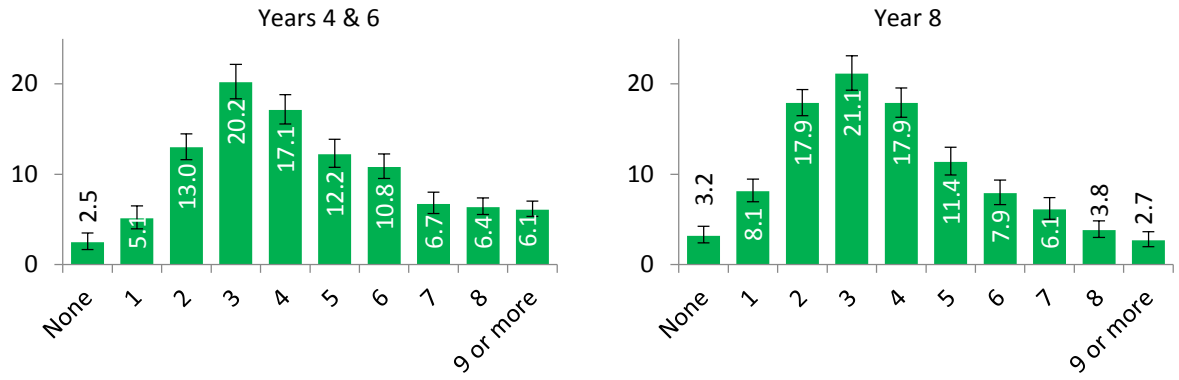
		Year 4	Year 6	Year 8
First ring	Mean	4.6	4.4	3.8
	Min	0.0	0.0	0.0
	Max	15	17	18
Second ring				
	Mean	1.9	2.0	1.8
	Min	0.0	0.0	0.0
	Max	12	12	12
Third ring				
	Mean	1.0	1.0	1.0
	Min	0.0	0.0	0.0
	Max	13.0	12.0	16.0
Fourth ring				
	Mean	0.5	0.4	0.5
	Min	0.0	0.0	0
	Max	9.0	8.0	11.0
Fifth ring				
	Mean	0.4	0.3	0.3
	Min	0.0	0.0	0.0
	Max	17.0	6.0	12.0

Note: Means are weighted

These results show that, on average, participants felt closest to between three and five people in their life. The range varied from putting no one in the first ring to putting 18 (in Year 8) in the first ring. On average, participants put two people in the second ring and one person in the third ring. With respect to the fifth ring, participants put between zero and 17 people (at Year 4) in the outermost ring. Analysis then turned to the type of people to whom participants felt closest.

Figure 6.14 shows that 7% of young people in Years 4 and 6, and 11% of Year 8s dragged no-one, or just one person, into the closest ME! ring. The majority in both years dragged between two and five people into the closest ring, while 30% of young people in Years 4 and 6, and 21% in Year 8 dragged six or more people into the closest ring.

Figure 6.14: Number of people placed by the participant in the first (innermost) ME! ring (per cent)



Note: Percentages are weighted.

Table 6.17 shows who participants placed in the innermost ME! ring. Most participants in all three year levels placed their mother in this ring. Around nine in ten of participants in each year level put their mother in the ring closest to them (and sometimes more than one mother: 1.1% at Year 8, 1.3% at Year 6 and 2.7% at Year 4). More than three quarters of participants in each year level put their father in the innermost ring (very few placed two fathers in the innermost ring). Compared to participants in Years 4 and 6, participants in Year 8 were less likely to put their father in the first ring. Siblings, aunts, uncles, grandparents and pets were also commonly put in the innermost ring, with at about one third of all participants across the year levels putting at least one of these people in the first ring. A lower proportion of participants in Year 8 than in Years 4 or 6 included a pet in the first ring.

Table 6.17: Persons in the first (innermost) ME! ring, by year level (per cent)

	0	1	2 to 5
Year 4			
Mother	7.9	89.4	2.7
Father	18.7	81.1	0.3
Stepmother	97.0	3.0	0.0
Stepfather	95.7	4.3	0.0
Foster mother	99.1	0.9	0.0
Foster father	99.6	0.4	0.0
Sister	56.8	36.1	7.1
Brother	56.7	36.4	6.9
Aunt	72.3	24.8	3.0
Uncle	73.6	24.8	1.7
Grandmother	54.8	40.0	5.2
Grandfather	62.4	35.3	2.3
Other adult	95.8	3.9	0.2
Other child	90.7	8.3	1.0
Pet	59.0	36.5	4.6
Year 6			
Mother	9.5	89.1	1.3
Father	18.9	81.1	0.0
Stepmother	98.1	1.9	0.0
Stepfather	97.1	2.9	0.0
Foster mother	99.6	0.4	0.0
Foster father	99.6	0.4	0.0
Sister	53.8	36.5	9.7
Brother	52.7	38.4	9.0
Aunt	78.7	17.8	3.4
Uncle	76.3	21.4	2.4
Grandmother	64.8	30.5	4.7
Grandfather	70.7	26.9	2.4
Other adult	95.7	3.4	0.9
Other child	92.2	6.4	1.4
Pet	62.0	33.3	4.8
Year 8			
Mother	10.9	88.0	1.1
Father	24.5	75.1	0.4
Stepmother	98.4	1.6	0.0
Stepfather	96.3	3.7	0.0
Foster mother	99.8	0.2	0.0
Foster father	99.9	0.1	0.0
Sister	56.5	37.1	6.4
Brother	60.7	33.0	6.3
Aunt	81.0	17.9	1.1
Uncle	83.0	16.1	0.9
Grandmother	65.7	31.6	2.8
Grandfather	73.8	24.5	1.7
Other adult	97.0	2.8	0.2
Other child	95.4	4.0	0.6
Pet	67.5	30.5	2.1

Note: Percentages are weighted.

Table 6.18 shows that most participants across the year levels did not put any person (or pet) in to the outermost ME! ring. For Year 4 participants, a grandmother was most often placed in the outer ring (3.8%) while for Year 6 and 8 participants, uncles were the most likely person to be placed in the outer circle (3.9% and 4.0% respectively). Interestingly, just over 2% of participants across the year levels put their father in the outer ring. While the intention and instruction was for participants to think about how close they felt to these people, it is not clear if participants instead used the opportunity to express a dislike - or relatively 'lower' closeness, as per instructions - towards a person rather than closeness.

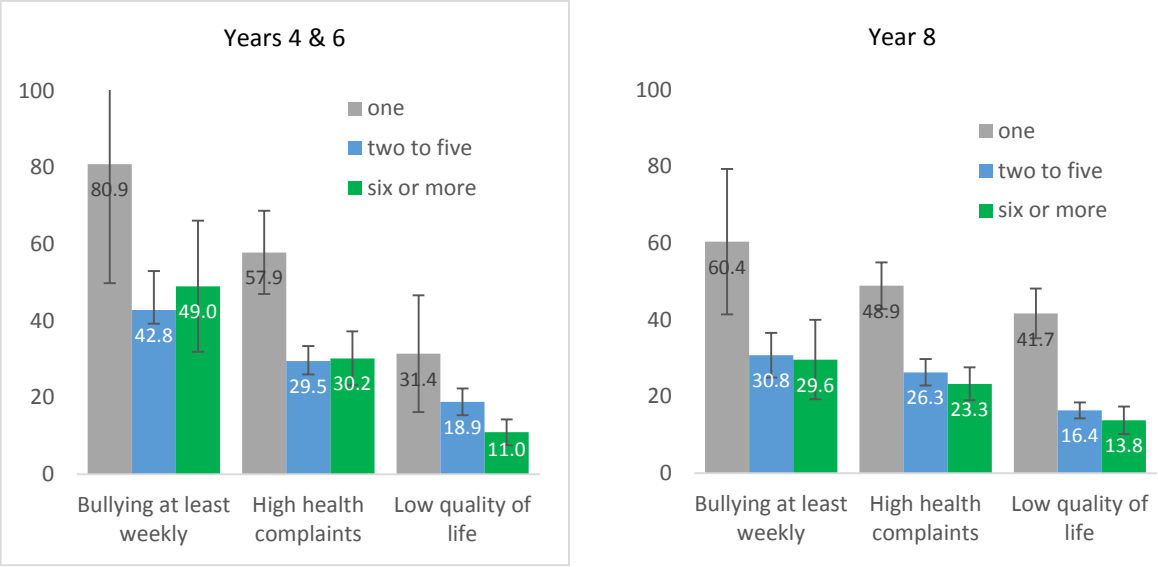
Table 6.18: Persons in the fifth (outermost) ME! ring, by year level (per cent)

	0	1	2 to 5
Year 4			
Mother	98.6	1.4	0.1
Father	97.4	2.6	0.0
Stepmother	96.7	3.3	0.0
Stepfather	96.7	3.3	0.0
Foster mother	98.8	1.2	0.0
Foster father	98.8	1.2	0.0
Sister	98.3	1.3	0.3
Brother	98.4	1.3	0.3
Aunt	96.2	2.7	1.1
Uncle	96.2	3.1	0.8
Grandmother	96.2	3.8	0.0
Grandfather	97.3	2.6	0.0
Other adult	96.7	3.3	0.0
Other child	97.5	2.5	0.0
Pet	97.6	1.9	0.4
Year 6			
Mother	99.1	0.9	0.0
Father	97.5	2.5	0.0
Stepmother	98.7	1.3	0.0
Stepfather	99.3	0.7	0.0
Foster mother	100.0	0.0	0.0
Foster father	100.0	0.0	0.0
Sister	99.2	0.8	0.0
Brother	99.0	0.8	0.2
Aunt	96.3	3.3	0.3
Uncle	95.6	3.9	0.4
Grandmother	97.1	2.7	0.2
Grandfather	97.1	2.9	0.0
Other adult	97.4	2.0	0.6
Other child	99.3	0.7	0.0
Pet	97.9	2.0	0.1
Year 8			
Mother	98.9	1.1	0.0
Father	97.9	2.1	0.0
Stepmother	98.7	1.3	0.0
Stepfather	98.9	1.1	0.0
Foster mother	99.7	0.3	0.0
Foster father	99.6	0.3	0.0
Sister	98.5	1.3	0.2
Brother	98.6	1.1	0.3
Aunt	95.5	3.8	0.7
Uncle	95.5	4.0	0.5
Grandmother	97.4	2.5	0.1
Grandfather	96.6	3.3	0.1
Other adult	98.8	1.2	0.1
Other child	99.5	0.4	0.1
Pet	98.1	1.7	0.1

Note: Percentages are weighted.

The number of people who participants dragged into the closest ME! ring appears to be related to outcomes across a number of domains, as Figure 6.15 shows. The incidence of frequent bullying, high levels of health complaints and low quality of life are all notably higher among young people who report being very close to nobody or just one person, compared with the incidence of these three outcomes among young people who report having close relationships with two or more people.

Figure 6.15: Weekly bullying, two or more health complaints and low quality of life scores, by number of people who the participant is very close to (per cent)



Note: Percentages are weighted. Items on bullying in the ACWP survey are discussed in Chapter 8. Health complaints are discussed in Chapter 7, and quality of life (as measured by the Cantril ladder) is discussed in Chapter 12.

The role of support networks as a protective factor for wellbeing emerged strongly in in-depth discussions with young people. Aaron, an Indigenous boy who lived in materially disadvantaged circumstances, talked at length about the reciprocal relations within his family networks. Many of his most important interactions occurred outside of his family home. His Aunty was instrumental in enabling his access to resources within and outside of school. She negotiated with the school principal for subsidies on his behalf, managed all his timetabling and transport requirements and used her organisational skills to manage his football team. Her role in extracurricular activities enabled the children in her family to have activity based contact with children in much wider social networks.

Importantly to Aaron, he contributed to his family by providing daily care to his sick grandparents who were also active participants in his development and learning. Aaron expressed a strong sense of efficacy as he described his daily contributions to their care and appreciation that his Aunty enabled him opportunities to mix widely.

While it is generally accepted that strong open support networks are important for young people's social and emotional wellbeing, this has historically been a difficult area for policy intervention. There are some examples of community programs (both commonwealth and

state funded) which aim to support parents and carers to develop wider support networks - such Communities for Children and Family by Family programs which operate in disadvantaged communities in Australia. These programs enable families to develop the networks which enable the resource sharing apparent in Aaron's social networks.

Young people in rural and remote Australia, and in out of home care

As with other groups, young people in rural and remote Australia felt that family was the cornerstone to their wellbeing. Rural and remote young people generally defined family in terms of parents, brothers and sisters, with some extension to grandparents. A number of issues emerged as important to these young people's wellbeing, including stress, safety and security, bullying, and the importance of guidance and rules for helping young people from a regional/remote area live a good life.

Young people in this out of home care also ranked family as the most important domain for their wellbeing, but it was clear that family was a difficult concept for them to discuss. For example, in a discussion about bullying, one young person stated:

> *Yeah. Well, there's name calling that's really mean, like saying someone's fat even though they're not just so that you can get all the attention and saying that you told them or something, like there's the - you just got [owned] or something. At home there might be parents fighting with each other or parents hitting the children.*

In terms of contextual factors relating to family, Table 6.19 shows that young people in out of home care were more likely than young people who were not marginalised to live in a household where no adult was in paid work. Young people in out of home care and young people in rural and remote Australia were also more likely to have moved home or school more than once in the previous twelve months. Finally, it is worth noting the large proportion of young people in out of home care who reported being close to only one person, or no-one. However, the data in Table 6.19 should be seen as indicative, as the number of observations for both groups is small.

Table 6.19: Family indicators for young people in out of home care, in rural and remote Australia, and non-marginalised young people

Indicator	Not Marginalised % (n)	Out of Home Care % (n)	Rural and Remote % (n)
Lives in household where no adults are in paid work	0.95 (33)	11.43 (8)	2.83 (3)
Moved house or school more than once in the past year	3.98 (135)	20.0 (14)	8.91 (9)
Is very close to one person or less	9.33 (326)	24.0 (18)	10.0 (11)

Note: percentages are unweighted.

Chapter 7 Health

7.1 Key findings

- In the survey young people ranked health as the second most important domain for having a good life.
- In the in-depth discussions, young people generally discussed health in in terms of their own health. In some groups, discussions of health also encompassed the health of family members (for example, a parent or grandparent). This was seen important for young people's wellbeing.
- A notable proportion of Years 4, 6 and 8 participants reported that they 'often' or 'always' went to school or bed hungry. (see also Chapter 16)
- Participants in a number of marginalised groups (participants with disability, carers and materially disadvantaged participants) were considerably more likely to report going to school or bed hungry than non-marginalised participants.
- Proportions reporting having smoked or been drunk in the previous month (less than one in every twenty) appear to be low by international standards. However, participants with disability and carers (who had the lowest wellbeing in a number of domains) were appreciably more likely to report these behaviours than non-marginalised participants.
- More than 90% of participants in Years 4, 6 and 8 perceived their subjective health as being either 'excellent' or 'good'. However, twice as many Year 8 participants with disability, carers and those who were materially disadvantaged reported 'fair' or 'poor' health compared with those in the non-marginalised group.
- Difficulty sleeping was reported by all year levels as the most frequent health complaint, occurring almost every day for 12-16% of participants in Years 4, 6, and 8.
- About one third of participants in all three year levels experienced two or more health complaints on a regular basis.
- The level of health complaints reported by ACWP survey participants appears to be close to the average of those reported by 11-12 and 13-14 year olds in other countries.

7.2 Summary of qualitative findings

During the Phase one work, health was seen as an important domain in all groups, though it was usually ranked behind family, friends and school. Understanding of the term on an abstract level most commonly included consideration of diet (related to both nutrition and weight) as the main component with a lot of discussion about 'healthy food' and 'junk food'. Sport, fitness, personal hygiene and mental health were also commonly discussed. Maintaining good levels of fitness was considered beneficial to a healthy lifestyle, from 'playing footy' to 'races with friends' and 'dancing'. Being active was understood as a healthy pursuit. While physical health was generally discussed within the groups and interviews, an understanding of mental health also emerged in some of the groups, including the culturally and linguistically diverse group, the group of young people with

disability, the Indigenous group and the mainstream group. In these groups, young people talked in abstract terms about mental health issues such as depression and anxiety standing as barriers to wellbeing and living a good life. Some also talked in quite concrete terms about family members who had mental health issues.

While health was generally seen in individual terms (young people's own health) discussion of health in the Indigenous group also encompassed a collective dimension, where the health of each family member was seen as important to the wellbeing of all family members. To a greater extent too than was evident in other groups, health for Indigenous young people was also seen as associated with adequate material resources, with considerable discussion of the need for adequate nutrition for health.

7.3 Quantitative design and results

The questions on health included in the survey aimed to cover much of the content that emerged from the in-depth interviews at Phase one. This domain included factual questions as well as the wellbeing subdomains of subjective health and psychosomatic health complaints. Analysis in this chapter concerns participants' views of their own health, and health-related behaviours. Analysis in Chapter 6 refers to participants' reports and perspectives on the health of family members. All items discussed in this chapter were selected from the HBSC survey.

Factual questions

Going hungry to school or bed

Although hunger is under-researched in the Australian context, there is a growing information base on hunger experienced by Australian families. Research based on ABS data suggest that about one in twenty Australians experienced food insecurity in 2004-5 (Temple, 2008). The charity Foodbank Australia (2014) reports that it assists half a million Australians with food relief every month, and estimates that about a third of these are children. Australian teachers report that students who are hungry find it difficult to concentrate, and often have learning difficulties or behavioural problems (Foodbank, 2015). Extensive qualitative research describes how and why families run out of food, and how they cope when this happens (King, Moffitt and Carter, 2012).

At Phase one (as well as in previous research, see Skattebol *et al.*, 2012) young people young people talked about going hungry. For instance, Taylah is quoted in Chapter 16 as saying her mum often had to borrow money because they ran out of food. The ACWP survey included a question asking the participants if they experienced going to school or bed hungry because there wasn't enough food. Table 7.1 shows that more than three quarters of participants in each year level 'never' go to school or bed hungry. A notable proportion of participants, however, reported that they 'often' or 'always' go to school or bed hungry, with this being the largest for Year 4 participants (5%). Participants' reports of hunger and its relationship with engagement in education are discussed in greater depth in Chapter 16.

Table 7.1: Hungry to school or bed, by year level (per cent)

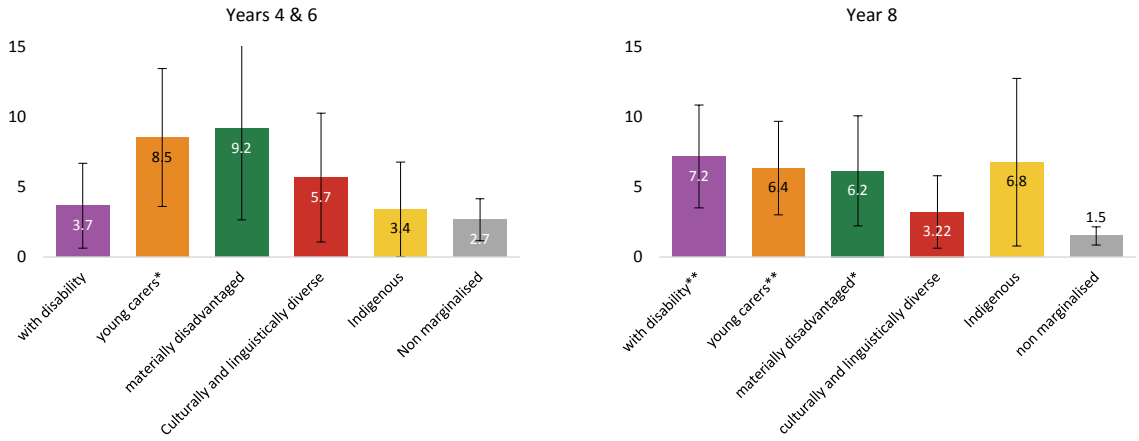
Question: Some young people go to school or bed hungry because there is not enough food at home. How often does this happen to you?

	Always	Often	Sometimes	Never
Year 4	2.1	2.9	19.9	75.1
Year 6	0.6	1.9	14.9	82.6
Year 8	0.8	2.0	11.1	86.1

Note: percentages are weighted.

Figure 7.1 shows that although percentages are small, there are some appreciable differences between the proportions of some of the marginalised groups, and the non-marginalised, who go to school or bed hungry. Among participants in Year 8 for example, the proportion of participants with disability, carers and materially disadvantaged participants who report going to school or bed hungry often, or always, is more than four times the proportion of non-marginalised participants (the proportion of Indigenous participants who report going to school or bed hungry is also high, but based on a small sample size).

Figure 7.1: Marginalised and non-marginalised participants who report going to school or bed hungry often or always (per cent)

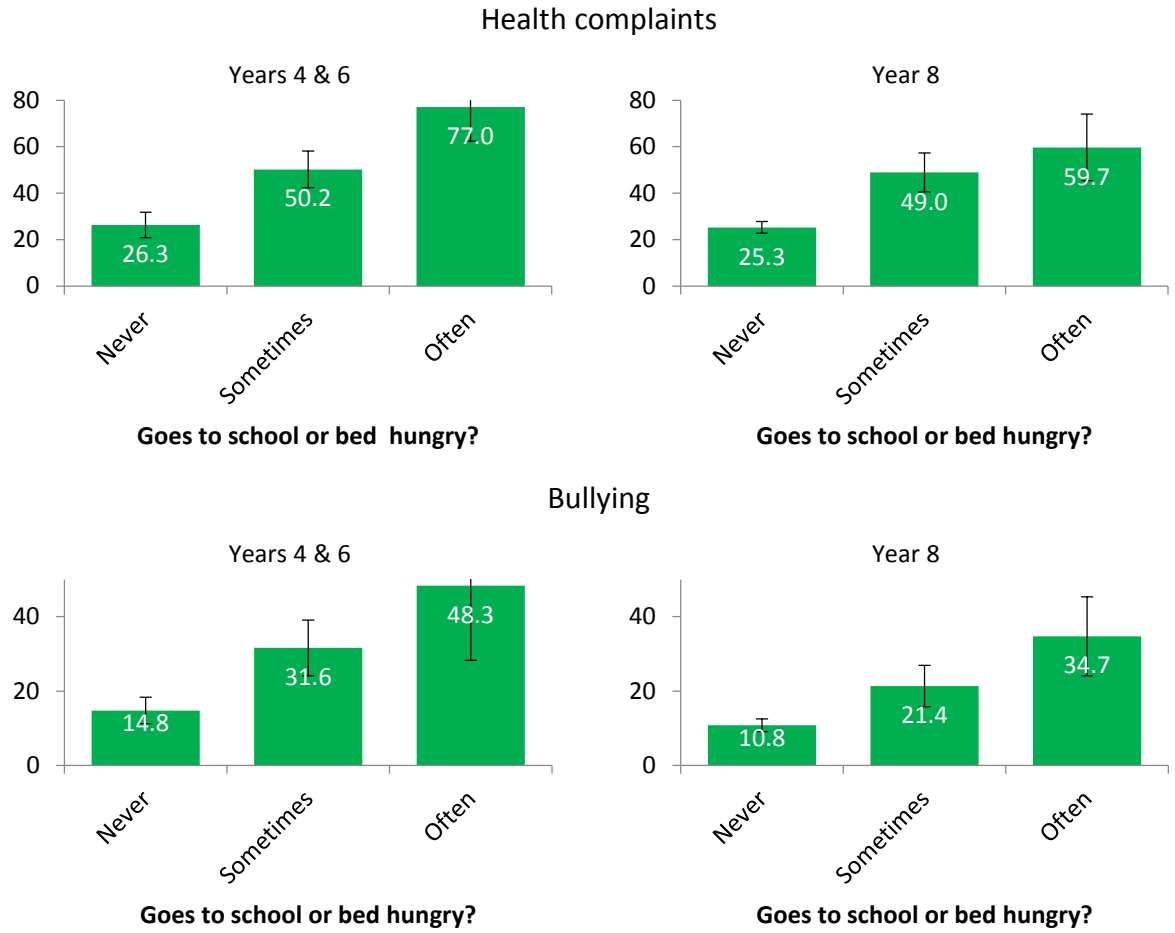


Note: percentages are weighted. Error bars represent 95% confidence intervals around estimates. Asterisks next to labels on the horizontal axes denote a significant difference between the relevant marginalised group and the non-marginalised group. * p<0.05; ** p<0.01 *** p<0.001

Hunger is associated with lower levels of engagement in schooling. The analysis in Chapter 16 shows that participants who reported going hungry to school or bed often were less likely to report that they were satisfied at school, that they had a supportive relationship with their teacher, or that their performance at school compared with their peers was good. In addition, Figure 7.2 shows that participants who went to school or bed hungry were more likely to report multiple health complaints (headache, stomach ache, etc. – see Chapter 7 in this Chapter), or experience of being bullied. For example, almost half of the young people in Years 4 and 6 who always or often went to school or bed hungry reported being bullied at least weekly, compared with fewer than one in five of those who never went school or bed

hungry. The proportion of Years 4 and 6 participants reporting two or more health complaints weekly was also about three times as high among those who reported often going to school or bed hungry compared with those who never went hungry.

Figure 7.2: Experiencing two or more health complaints or bullying at least weekly, by going to school or bed hungry, Years 4 & 6 (per cent)



Note: percentages are weighted. Error bars represent 95% confidence intervals around estimates. For health complaints, differences between 'never' and 'often' are statistically significant for both Years 4 and 6 and Year 8 ($p<0.000$). For bullying, differences between 'never' and 'often' are also statistically significant for both Years 4 and 6 and Year 8 ($p<0.01$). Health complaints are discussed later in this Chapter. Bullying is discussed in Chapter 9.

Smoking tobacco and being drunk

Smoking and drinking, particularly during adolescence, are seen as risk factors for outcomes both during adolescence itself, and in later life (DeWit, Adlaf, Offord *et al.*, 2000; McGue and Iacono, 2005). Table 7.2 shows that the majority of Years 6 and 8 participants (more than 95%) reported that they had not smoked cigarettes or been drunk in the past 30 days. Participants in Year 8 were more likely to have smoked or been drunk than participants in Year 6. Of those participants who had engaged in these activities, at both Years 6 and 8, a slightly higher proportion of participants reported having been drunk.

Table 7.2: Smoked and been drunk in the last 30 days, by year level (per cent)

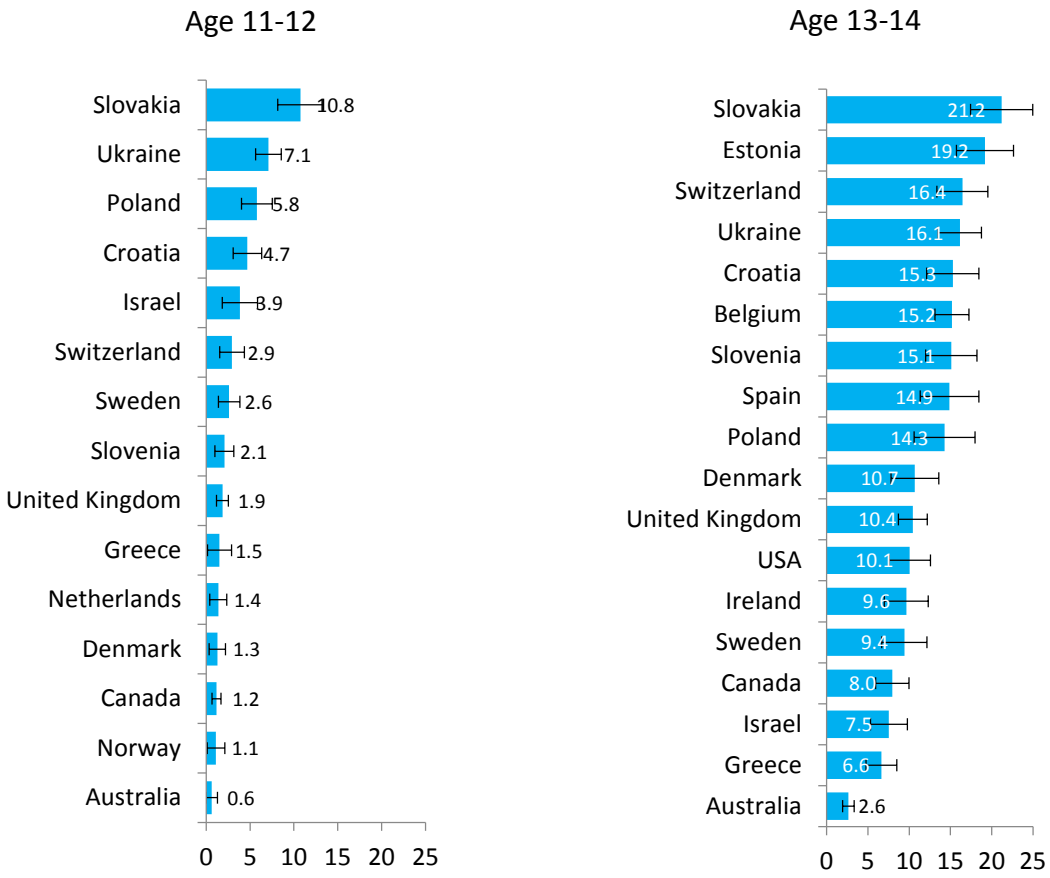
Question: On how many occasions (if any) have you done the following in the last 30 days?

	Never	One or more times
Year 6		
Smoked Cigarettes	99.4	0.6
Been drunk	98.2	1.8
Year 8		
Smoked Cigarettes	97.4	2.6
Been drunk	95.5	4.5

Note: this question was not asked of Year 4 participants. Percentages are weighted.

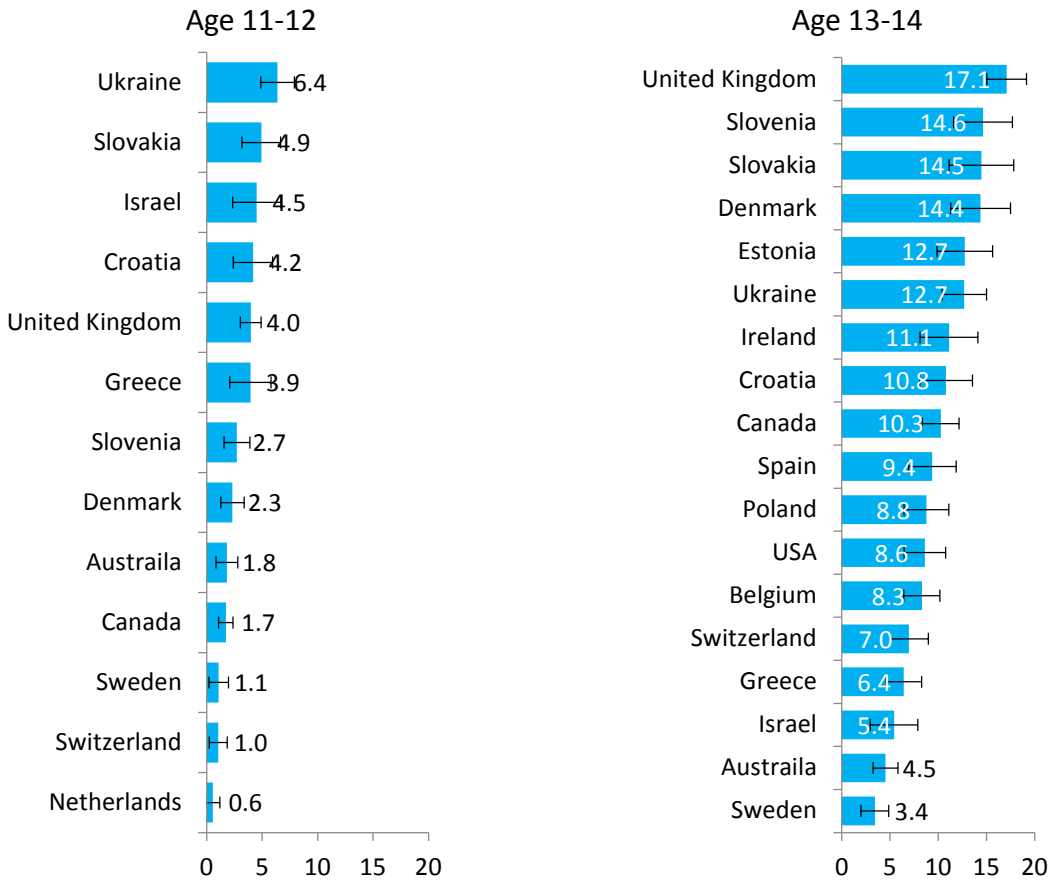
Figure 7.3 and Figure 7.4 show international comparisons of proportions of 11-12 year olds (roughly equivalent to average ages of Year 6 students in Australia) and 13-14 year olds (roughly equivalent to Year 8) who report having smoked or been drunk in the past 30 days. These comparisons need to be treated with caution, since there are some divergences in sampling and other methods between the ACWP and HBSC surveys. Moreover, the HBSC survey was conducted in 2009-10, and trends in smoking and being drunk are downwards in many countries. With these caveats in mind, the Figures suggest that the incidences of both smoking and being drunk among both 11-12 year olds and 13-14 year olds in Australia are low by international standards. For example, the smoking rates shown in Figure 7.3 for Switzerland are 3% for 11-12 year olds and 16% for 13-14 year olds, considerably higher than the proportions for Australia – less than 1% and less than 3% for the two age groups, respectively. Figure 7.4 shows that proportions of Australian participants who reported being drunk are also relatively low. It will be important to compare these findings against data from the most recent HBSC survey (conducted in 2013-14) when these data become available.

Figure 7.3: International comparison of participants reporting having smoked in the past 30 days (per cent)



Data source: international data – HBSC. Australian data – ACWP. Percentages are weighted. Only countries and year groups with at least 500 observations with valid data on smoking are included in the analysis. Error bars represent 95% confidence intervals around estimates. HBSC sample is adjusted to give average ages of HBSC participants of 12.0 and 13.9 for the younger and older age groups, approximately equal to average age of Australian Year 6 and Year 8 students, respectively. Comparison between ACWP and HBSC data should be seen as indicative, given different methods of data collection between the two sources.

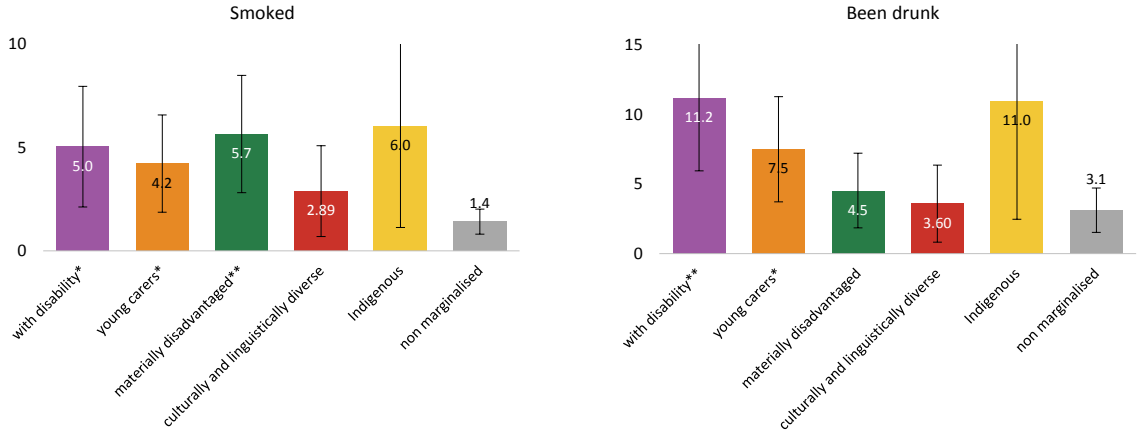
Figure 7.4: International comparison of participants reporting having been drunk in the past 30 days (per cent)



Data source: international data – HBSC. Australian data – ACWP. Percentages are weighted. . Only countries and year groups with at least 500 observations with valid data on being drunk are included in the analysis. Error bars represent 95% confidence intervals around estimates. HBSC sample is adjusted to give average ages of HBSC participants of 12.0 and 13.9 for the younger and older age groups, approximately equal to average age of Australian Year 6 and Year 8 students, respectively. Comparison between ACWP and HBSC data should be seen as indicative, given different methods of data collection between the two sources.

Although absolute numbers are small, the survey data suggest that the incidence of having smoked or been drunk in the last 30 days may be higher among participants in some of the marginalised groups than among the non-marginalised participants. Figure 7.5 shows that among Year 8 participants, those with disability and those who are young carers reported an appreciably higher incidence of both having smoked and having been drunk. The figure also shows that while the proportions of Indigenous participants reporting having smoked or been drunk is also high, confidence intervals around these estimates are wide.

Figure 7.5: Marginalised and non-marginalised Year 8 participants who report having smoked or been drunk in the last 30 days (per cent)



Note: percentages are weighted. Error bars represent 95% confidence intervals around estimates. Asterisks next to labels on the horizontal axes denote a significant difference between the relevant marginalised group and the non-marginalised group. * p<0.05; ** p<0.01 *** p<0.001

Wellbeing subdomains

Overall subjective health

Participants were asked to rate their overall health as excellent, good, fair or poor. International research shows that self-rated health status socio-economic status can be associated with and family structure, for example with people, including adolescents, from lower socio-economic backgrounds reporting poorer health (Elgar *et al.*, 2013; Idler and Benyamini, 1997). The responses from ACWP participants shown in Table 7.3 indicate that over nine in ten rated their subjective health as either 'excellent or good'. The proportion rating their health as 'fair or poor' was slightly higher among the older participants.

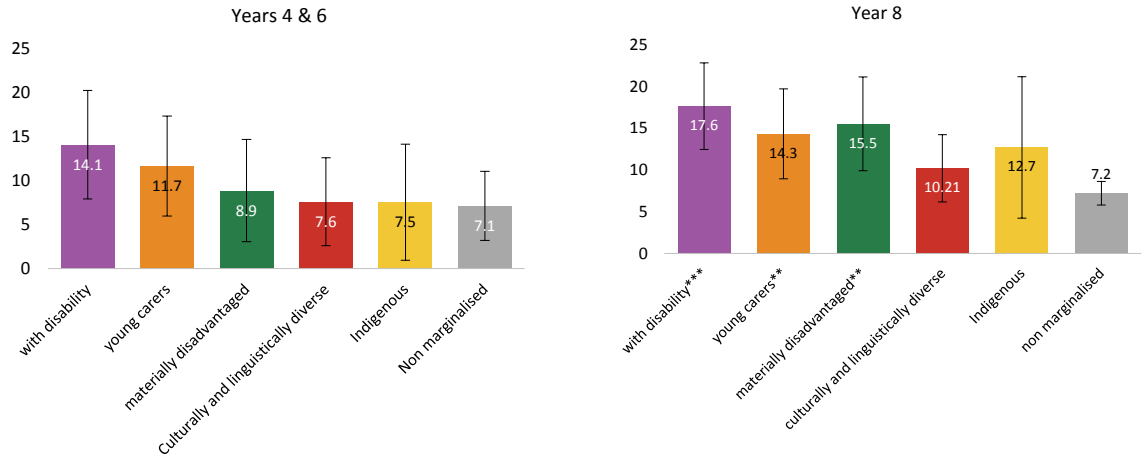
Table 7.3: Overall subjective health, by year level (per cent)

	Excellent/Good	Fair/Poor
Year 4	92.5	7.5
Year 6	91.7	8.3
Year 8	90.6	9.4

Note: percentages are weighted.

Figure 7.6 shows that in Year 8 in particular, marginalised participants are more likely than non-marginalised participants to rate their health as fair or poor. This is especially the case among participants with disability, carers and participants who are materially disadvantaged. The incidence of self-rated fair or poor health among these groups in Year 8 is more than twice that of non-marginalised Year 8 participants.

Figure 7.6: Marginalised and non-marginalised participants who report their health as fair or poor (per cent)

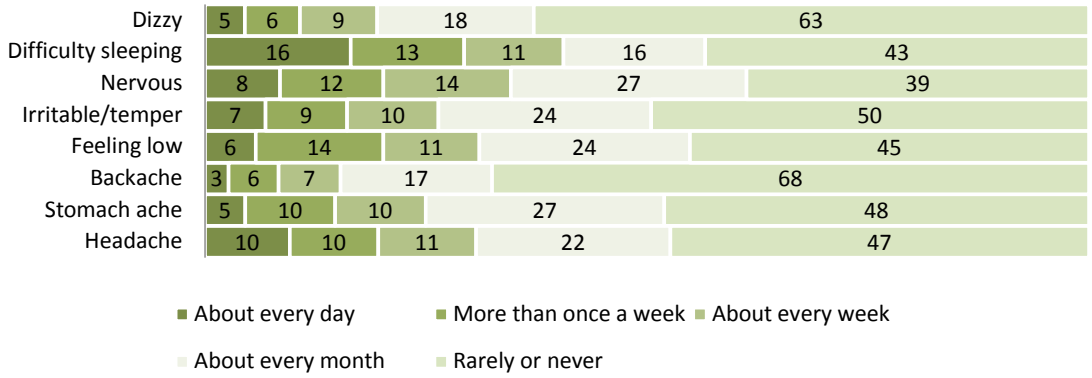


Note: percentages are weighted. Error bars represent 95% confidence intervals around estimates. Asterisks next to labels on the horizontal axes denote a significant difference between the relevant marginalised group and the non-marginalised group. * p<0.05; ** p<0.01 *** p<0.001

Health complaints

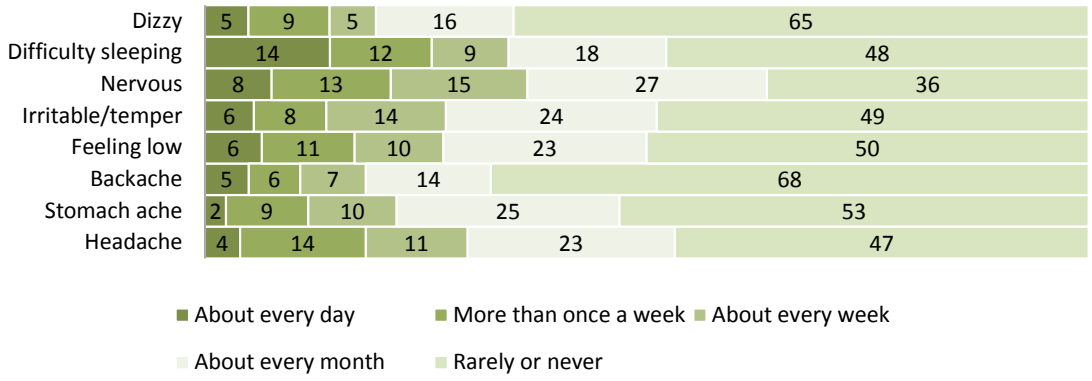
In order to obtain information regarding their perceived psychosomatic wellbeing, participants were asked about their experience with several different mental and physical complaints in the last six months. The eight items, taken from the HBSC, were designed to form two scales measuring psychological wellbeing (feeling low, irritability or bad temper, feeling nervous) and somatic wellbeing (headache, stomach-ache, backache, difficulties getting to sleep and feeling dizzy). All eight symptoms form the psychosomatic health complaints scale (Elgar *et al.*, 2013; Ravens-Sieberer, Erhart, Torsheim *et al.*, 2008). The checklist is not intended as a clinical measure for use by health practitioners. However, it is seen as appropriate as a high-level indicator of physical and mental health. Figure 7.7, Figure 7.8 and Figure 7.9 show that among all three age groups, the most commonly reported health complaint occurring every day or almost every day was difficulty getting to sleep. Among Year 4 participants, 16% reported this complaint as occurring every day or almost every day, compared with 14% of Year 6 participants, and 12% of Year 8 participants. Feeling dizzy and backache were the least reported complaints. Over two thirds of participants in Years 4 and 6 reported that these complaints hardly ever or never occurred, as did more than half of Year 8 participants.

Figure 7.7: Year 4 participants reporting psychosomatic complaints (per cent)



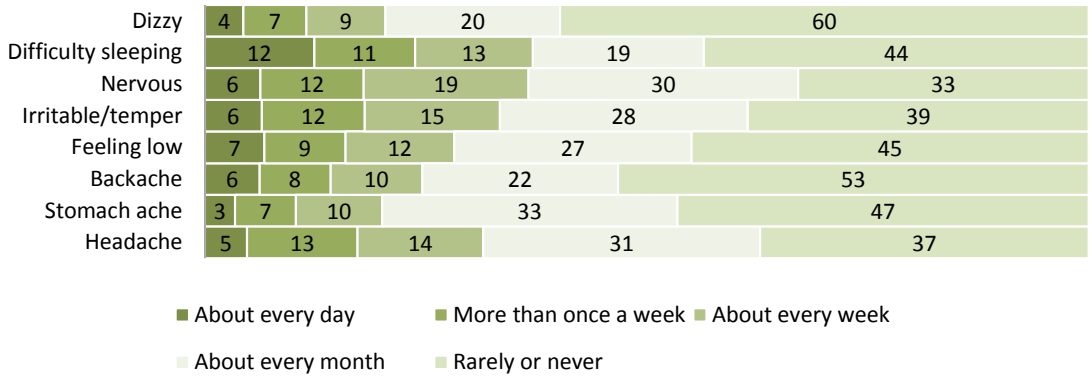
Note: percentages are weighted.

Figure 7.8: Year 6 participants reporting psychosomatic complaints (per cent)



Note: percentages are weighted.

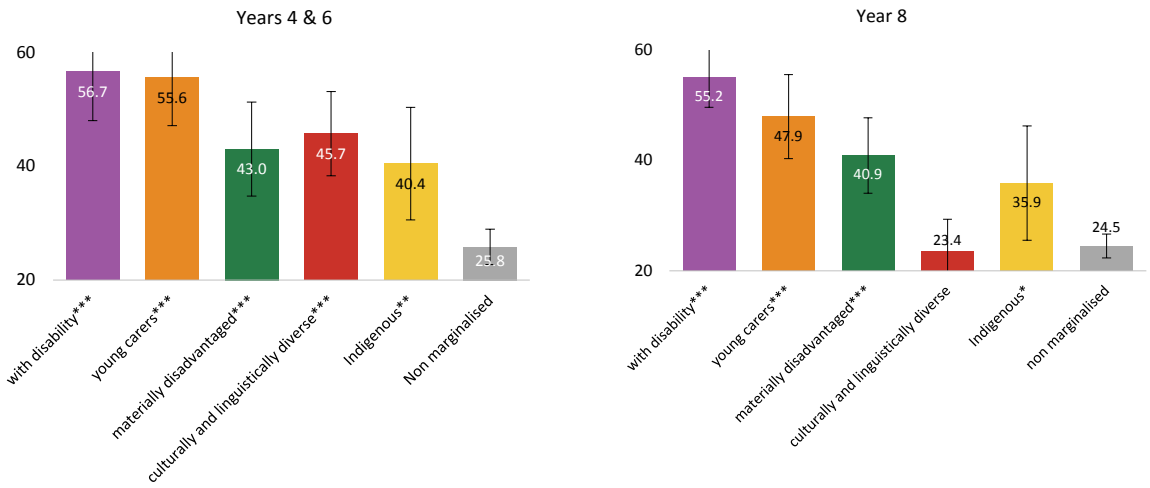
Figure 7.9: Year 8 participants reporting psychosomatic complaints (per cent)



Note: percentages are weighted.

About three in ten participants in all year levels reported experiencing at least two or more health complaints more than once a week (Year 4: 32.7%; Year 6: 31.8%; Year 8: 28.8%), with girls experiencing health complaints more frequently than boys. However, Figure 7.10 shows that young people in all marginalised groups in Years 4 and 6 reported considerably more health complaints than young people who were not in any marginalised group. The same is true of young people in all marginalised groups in Year 8, except those in the culturally and linguistically diverse group. The very high level of health complaints among young people in nearly all the marginalised groups is a cause for concern, and should be the subject of further research.

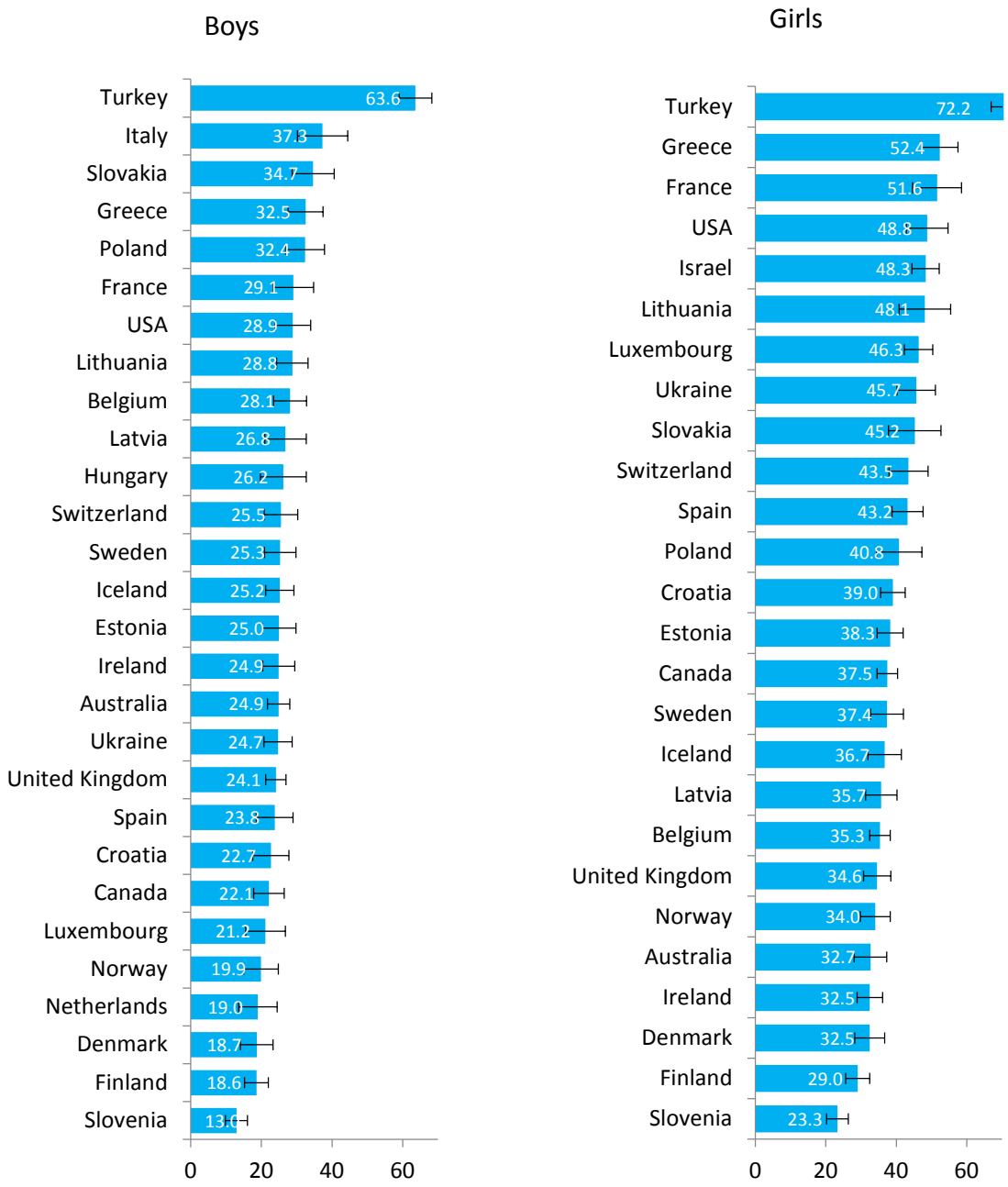
Figure 7.10: Participants reporting two or more health complaints at least weekly, by year level (per cent)



Note: means are weighted. Error bars represent 95% confidence intervals around mean estimates. Asterisks next to labels on the horizontal axes denote significant difference between the relevant marginalised group and the non-marginalised group. * p<0.05; ** p<0.01 *** p<0.001.

Figure 7.11 shows that the proportions of Australian boys and girls reporting two or more health complaints at least weekly are in the mid-range of those reported in other countries. However, it is worth noting that the proportion of Australian girls reporting two or more health complaints is appreciably lower than the proportions in countries at the top of the girls' league table in the figure – Turkey, Greece, France and the USA.

Figure 7.11: International comparison of 13-14 year old participants reporting two or more health complaints at least weekly (per cent)



Data source: international data – HBSC. Australian data – ACWP. Percentages are weighted. Only countries and year groups with at least 200 observations with valid data on health complaints are included in the analysis. Error bars represent 95% confidence intervals around estimates. HBSC sample is adjusted to give average ages of HBSC participants of 12.0 and 13.9 for the younger and older age groups, approximately equal to average age of Australian Year 6 and Year 8 students, respectively. Comparison between ACWP and HBSC data should be seen as indicative, given different methods of data collection between the two sources.

Psychosomatic wellbeing scales

Based on the responses by ACWP participants to the items on health complaints, two scales were created: the psychological health complaints scale (from the feeling low, irritable/bad temper and nervous items) and the somatic health complaints scale (from the headache, stomach-ache, backache, sleeplessness and dizzy items), with mean=10 and SD=2. Table 7.4 and Table 7.5 show that for both scales, differences in scale scores between years are small.

Table 7.4: Psychological health complaints scale scores, by year level (mean=10)

	Mean score	**SE**
Year 4	10.05	0.11
Year 6	9.86	0.14
Year 8	10.09	0.07
Difference in mean score between reporting subgroups		
	Mean score diff.	SE
Year 4 *minus* Year 6	0.19	0.20
Year 4 *minus* Year 8	-0.05	0.13
Year 6 *minus* Year 8	-0.24	0.16

Note: percentages are weighted.

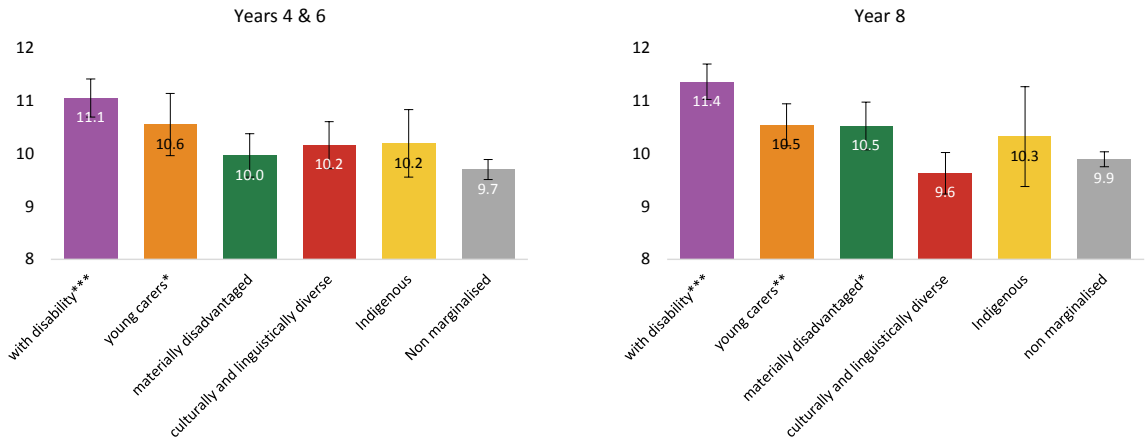
Table 7.5: Somatic health complaints scale scores, by year level (mean=10)

	Mean score	**SE**
Year 4	10.08	0.14
Year 6	9.76	0.19
Year 8	10.16	0.07
Difference in mean score between reporting subgroups		
	Mean score diff.	SE
Year 4 *minus* Year 6	0.32	0.19
Year 4 *minus* Year 8	-0.08	0.15
Year 6 *minus* Year 8	-0.40	0.20

Note: percentages are weighted.

Figure 7.12 shows that participants with disability and carers in both Years 4 and 6 and in Year 8 had considerably higher scores on the psychological health complaints scale than non-marginalised participants. Materially disadvantaged participants in Year 8 also had higher scores than the non-marginalised participants. Similar patterns of difference between marginalised and non-marginalised participants were apparent with respect to the somatic health complaints scale, and with a scale that combined psychological and somatic complaints (results not shown).

Figure 7.12: Psychological health complaints scale scores for marginalised and non-marginalised groups (mean=10)



Note: means are weighted. Error bars represent 95% confidence intervals around mean estimates. Asterisks next to labels on the horizontal axes denote significant difference between the relevant marginalised group and the non-marginalised group. * p<0.05; ** p<0.01 *** p<0.001.

Young people in rural and remote Australia, and in out of home care

In the in-depth discussions at Phase one, health was seen by both young people in rural and remote Australia, and young people in out of home care, as an important dimension for wellbeing and for living a good life. In terms of resources required for good health, a number of answers were volunteered, including exercise and particularly sport; eating healthy food; and generally looking after yourself. One child also spoke about the cost of healthcare, "hospitals; I believe that they should be less expensive".

> *Looking after yourself, eating healthy food, exercising, doing all good things and basically just looking after yourself.*
>
> *I think it's about trying to maintain a healthy diet and not eating too much junk food every day, because you can become obese within a short amount of time.*
>
> *And good health by eating vegies and then choosing the right foods to eat – calcium, good protein and all that.*

Young people in out of home care demonstrated a clear and consistent understanding of the concept of 'health'—participating in sports, eating healthy food, and refraining from unhealthy activities such as smoking.

> *To exercise every day, eat healthy things and maybe do a little bit of unhealthy things every now and then.*
>
> *Also alcohol is another thing because it's everywhere and so is smoking, and they say that it's not good for you yet it's all over the shelves, at even chemists, and that's supposed to be health foods.*

However, health indicators for both groups were poor, compared with those for the non-marginalised group. Table 7.6 shows that young people in both groups were more likely than young people who were not marginalised to go to school or bed hungry, to experience multiple health symptoms, and to have smoked or been drunk in the month before they were surveyed. However, the data in the table should be seen as indicative, as the number of observations for both groups is small.

Table 7.6: Health indicators for young people in out of home care, in rural and remote Australia, and non-marginalised young people

	Not Marginalised % (n)	Out of Home Care % (n)	Rural and Remote % (n)
Often goes to school or bed hungry because there is not enough food at home	1.88 (65)	12.50 (9)	9.43 (10)
Sometimes goes to school or bed hungry because there is not enough food at home	11.50 (397)	37.50 (27)	33.02 (35)
Experienced at least 2 health symptoms at least weekly	24.6 (819)	45.5 (30)	37.5 (36)
Smoked in the past month	1.47 (45)	9.30 (4)	6.67 (4)
Been drunk in the past month	2.55 (78)	16.67 (43)	6.90 (4)

Note: percentages are unweighted.

Chapter 8 Friends

8.1 Key findings

- In-depth discussions with young people revealed how friends were seen as important, but that friendships also caused anxiety and stress. In the survey, friends were ranked highly, following family and health.
- Across all year levels, a high proportion of participants reported having many close friendships, with approximately 60% of participants in Years 4, 6 and 8 reporting five or more close friends.
- Systematic differences emerged by sex, across all year levels, for the number of close friends, with boys more likely than girls to report that they had five or more close friends.
- Participants in Years 6 and 8 were more likely than Year 4 participants to report that they shared their thoughts and feelings with their closest friend.
- About 17% of all young people experienced at least one form of bullying at least weekly. Year 4 participants reported experiencing bullying more frequently than Year 6 and Year 8 participants.
- The most commonly experienced bullying behavior at all three year levels was when a young person told lies about another in order to influence peer behavior towards the young person being bullied.
- About one in five participants in Year 8 and one in three participants in Year 4 reported having been bullied by a friend.

8.2 Summary of qualitative findings

The focus groups and interviews at Phase one revealed the complex experiences, narratives and language young people use to explain their conceptualisations of friends, and how these aspects of friends can influence their experience of the 'good life'. The friends domain was ranked very highly by four groups and in the middle range by three other groups. Friends were considered to be very important to participants, but also problematic. A complex picture of friendship groups and friends emerged, with children in most groups referring to both 'good friends' and 'bad friends', with some also distinguishing between these two groups and 'best friends'. Many young people mentioned having fun with their friends. They saw 'good friends' as the ones who stood up for you and provided trust, closeness, respect, support, and other forms of help. 'Bad friends', on the other hand, might be mean or confusing, turn their back on you, tell others your secrets, talk about you behind your back, or bully you, even though they were in the same very broad (and sometimes quite large) friendship group. A few young people mentioned 'best friends' as people with whom you could share any secrets. Many respondents also counted their pets as friends (some also saw pets as family members). This was notable among young people in the regional and remote group, as well as among materially disadvantaged young people, and

young people with disability. Additionally the Indigenous children often identified a wide range of relatives as friends.

The focus groups and in-depth interviews at Phase one allowed the young participants to unpack the definitions and experiences of complex understandings of friends. One young person highlighted the variety of roles and characteristics that friends might offer:

> *Friends are people who are usually about your age that might be going through challenges the same as you or they might be older than you. They can give you advice, give you just company. They might be younger than you. Maybe some fun.*

The fluidity of friendship added complexity to the definition of friends for many young people in the Phase one fieldwork, who reflected that friends could disappoint you or be fun:

> *They might turn their back on you. They might not be what you were hoping they would be and they might turn out to be something great or someone you could imagine. Sometimes it's just confusing to understand your friends*

Most friendships were made at school and friends were generally of the same age, although age grouping was less important for children in communities where interaction with kin was highly valued. For instance, for young people in the Indigenous group, while the domain of friends was generally regarded as important, it was not given the same importance as was the case with other groups. Relationships tied to family and cultural participation appeared to accommodate the friendship domain for Indigenous young people.

Friendship was seen in both passive and active terms. Some young people talked about a sense of fulfilment from helping friends. In comparison with other groups, the friendship domain was problematic for young people with disability. Many of these participants talked about struggling to establish and maintain friendships, and about the hurtfulness of being recognised as different both at school and on the street, resulting in a tendency to highly value friendships with other young people in their extended family (and pets). Similarly, for the young people from culturally and linguistically diverse backgrounds, friendships were a complicated area which sometimes overlapped with a sense of being bullied and excluded at school. However, some culturally and linguistically diverse young people also talked about supportive friendships through which they formed opinions about their own identity, which was at times in conflict with parental guidance and expectations.

Bullying was a theme which often emerged in the qualitative work within all groups and most individual participants. Though the majority of respondents flagged bullying as an extremely important issue for them, discussion and experience of bullying was quite diverse and multi-faceted. This was not only because there were multiple types of bullying identified – physical, verbal, mental and cyber – but also because bullying could span a number of domains, including family, school, community/neighbourhood, and friends.

8.3 Quantitative design and results

Chapter 6 shows that in terms of domain rankings, the 'friends' domain was the third most commonly occurring domain on the top shelf, after family and health. The design of the friends domain in the survey consisted of a factual question about the number of friends the participant had, and the subdomains on support from and conflict with participants' best friends. The cross-cutting domain of bullying is also discussed in this chapter. Although young people at Phase one discussed bullying as occurring in several contexts (in the family, at school, and in the community as well as among peers), many did point to bullying as occurring in the context of social relationships with peers.

Factual questions

Number of close friends

The friends domain included one factual question that asked participants about the number of close friends they have. This question was included to measure the proportion of close friendships that young people have, as this may be important for understanding other elements of young people's wellbeing, such as the quality of friendships or bullying. Table 8.1 shows that participants across all of the year levels reported having a significant number of close friends, with approximately three-fifths reporting that they had 'five or more' close friends. A small proportion of participants across the three year levels reported that they did not have any close friends (Year 4: 1.9%; Year 6: 1.9%; Year 8: 1.6%), and less than 5% of participants at each year level reported having one close friend. No notable differences in the number of close friends between the three year levels emerged.

Table 8.1: Number of close friends, by year level (per cent)

	None	One	Two	Three	Four	Five or more
Year 4	1.9	4.2	11.6	8.1	13.1	61.1
Year 6	1.9	4.2	7.8	11.8	13.9	60.4
Year 8	1.6	3.8	9.5	13.4	12.8	58.9

Note: percentages are weighted.

Differences emerged between boys and girls across Years 4, 6 and 8 for the reported number of close friends. Table 8.2 shows that a significantly larger proportion of boys than girls reported having 'five or more' close friends at all year levels. Higher proportions of girls than boys in all years also reported having no close friends, or just one or two, although the differences were small.

Table 8.2: Number of close friends, by year level and sex (per cent)

	None	One	Two	Three	Four	Five or more
Year 4						
Girls	2.9	5.5	12.5	9.6	12.2	57.4
Boys	1.9	6.0	8.9	7.0	9.8	66.5
Year 6						
Girls	2.9	4.4	10.3	14.3	15.5	52.5
Boys	1.2	3.6	8.1	11.1	12.0	64.1
Year 8						
Girls	1.2	4.6	9.4	14.0	12.9	58.0
Boys	2.0	2.5	7.0	11.8	11.2	65.5

Note: percentages are weighted.

Support

In the Phase one in-depth work, some young people talked about how they valued the support drawn from friends, when they were struggling with adverse events, such as conflict in the home. For example, the support explained from one participant emphasises the importance of having friends who are emotionally supportive:

> *When I'm having trouble at home sometimes like when my aunty died I came back the [next] day [and put sand] everywhere from camping, that was the first day of school and I told my friend Annie, [my aunty's] here so that'd be torn like anime[3]…*

The ACWP survey put considerable emphasis on measuring the quality of participants' friendships, rather than the type or means of contact that participants had with their friends (e.g. online, at school). In the survey, the degree of support and closeness that participants felt with their closest friend was measured by four items, which were derived from Waldrip, Malcolm and Jensen-Campbell (2008). These items formed a scale of support closest friend. Table 8.3 shows how participants at each year level responded to each to these four items. Across the three year levels, participants more often reported that they 'always or almost always' had fun with their closest friend, followed by their closest friend sticking up for them (Fun: Year 4: 56.8%, Year 6: 60.5%, Year 8: 56.7%; Sticks up: Year 4: 50.1%, Year 6: 51.8%, Year 8: 54.8%). The proportion reporting that they 'always or almost always' share their private thoughts and feelings with their closest friend was considerably lower (Year 4: 23.1%; Year 6: 31.4%; Year 8: 36.6%). Moreover, Years 6 and 8 participants reported sharing their thoughts and feelings with their closest friend more frequently than Year 4 participants. One the other hand, similar proportions of participants at all year levels reported that they 'always or almost always' relied on their friend for advice and support.

[3] Anime is a form of Japanese cartoon that typically revolves around more serious topics than western cartoons.

Table 8.3 Support closest friend, by year level (per cent)

Question: For the following questions, please think about your closest friend

		Year 4	Year 6	Year 8
I spend fun time with this person	Never or Hardly ever	5.8	3.4	2
	2	7	4.3	5.2
	3	11.4	10.7	10.3
	4	19.1	21.1	25.9
	Always or Almost always	56.8	60.5	56.7
I share private thoughts and feelings with this person				
	Never or Hardly ever	26.7	16.6	10.7
	2	20.2	13.6	11.5
	3	14.7	17.4	16.8
	4	15.4	20.9	24.4
	Always or Almost always	23.1	31.4	36.6
I depend on this person for help, advice & support				
	Never or Hardly ever	7.6	9.8	7.4
	2	13.9	11.7	11.4
	3	14.9	17.2	18.1
	4	19.2	23.1	26.7
	Always or Almost always	44.4	38.1	36.3
This person sticks up for me				
	Never or Hardly ever	8.1	4.7	3.5
	2	8.6	6.6	5
	3	10.9	12.3	11.5
	4	22.4	24.5	25.2
	Always or Almost always	50.1	51.8	54.8

Note: percentages are weighted.

Table 8.4 shows that the difference between younger and older participants in perceptions of closeness to friends is also demonstrated in the results for the derived support closest friend scale (mean=10; SD=2). The Support closest friend scale includes four items, with each participant receiving a scale score based on their responses to these items. Participants in Years 6 and 8 had, on average, higher support closest friend scale scores than Year 4 participants. Moreover, girls had notably higher scores on this scale than boys, and these differences increased with the age of participants.

Table 8.4: Support closest friend scale, by year level

	Mean score	**SE**
Year 4	9.61	0.15
Year 6	10.09	0.13
Year 8	10.30	0.07
Difference in mean score between reporting subgroups		
	Mean score diff.	SE
Year 4 *minus* Year 6	-0.49	0.18
Year 4 *minus* Year 8	-0.69	0.16
Year 6 *minus* Year 8	-0.21	0.15

Note: scores are weighted.

Table 8.5: Support closest friend scale, by year level and sex (mean = 10)

	Support closest friend scale		**Difference in mean score between reporting subgroups**		
	Mean score	SE	Reporting subgroup comparison	Mean score diff.	SE
Year 4					
Girls	10.06	0.18	Girls *minus* Boys	0.88	0.27
Boys	9.18	0.22			
Year 6					
Girls	10.63	0.16	Girls *minus* Boys	1.05	0.21
Boys	9.58	0.16			
Year 8					
Girls	10.97	0.08	Girls *minus* Boys	1.32	0.10
Boys	9.65	0.06			

Note: scores are weighted.

Therefore, while boys reported having more close friends than girls (Table 8.2), girls reported higher quality from their close friendships than did boys (Table 8.5). There were no systematic differences between participants in the marginalised groups and the non-marginalised in terms of their average scores on the support closest friend scale.

Conflict

The degree of conflict that participants experienced with their closest friend was measured by four items, which were adapted from Bukowski *et al.* (1994) and were asked at Years 6 and 8. These items formed a scale of conflict closest friend. This measure was designed to understand better the overall quality of participants' friendships by complementing the information about support provided by friends. Rather than assuming that participants' wellbeing may be affected only by peers outside the group of friends, the Phase one interviews highlighted how conflict and difficulties with close friends may also impact on participants' wellbeing. For example, participants talked about supportive friendships that would 'help' them in terms of sticking up for them, or defending them (good friends), while others discussed how friendships overlapped with their experience of being bullied and

excluded by acquaintances who respondents felt were fickle, untrustworthy, and occasionally 'mean' (bad friends).

Facilitator 2: *Do most people you know have a best friend?*

Girl 1: *Yeah, well, at school we - my group of friends is 23; we've got a group of 23 people and we just hang around. Yeah, we just hang around at recess and lunch and talk. And then [inaudible] split off and go and do our own stuff.*

Facilitator 2: *What about bad things for friends? Is there anything we should draw for bad things?*

Girl 1: *Yeah, you get into little fights and you disagree with people.*

Girl 2: *You'll find that when you to high school.*

Girl 1: *There's always at least one bad person in your group of friends that will spread rumours about you. So they spread rumours then everyone else turns against you and then you've got -*

These findings indicate that the intersecting issues of support and conflict are all relevant in young people's complex understandings and experiences of friends. The question on conflict asked participants to think about conflicts they might have with their closest friends: getting into fights, being bugged or annoyed by your friend, arguing, or disagreeing about many things. Table 8.6 shows that on average, about half or more participants across Years 6 and 8 reported that they 'never or hardly ever' experienced any of these conflicts with their closest friend. Seven in ten participants in both year levels reported that they 'never or hardly ever' git into fights with their closest friend (Year 6: 70.1%; Year 8: 69.0%). About half of the participants reported 'never or hardly ever' 'disagreeing about many things' with their closest friend.

Table 8.6: Conflict closest friend, by year level (per cent)

Question: Still think about the same closest friend

		Year 6	Year 8
I get into fights with my friends	Never or Hardly ever	70.1	69.0
	2	20.3	17.4
	3	6.3	8.4
	4	2.2	3.6
	Always or Almost always	1.1	1.5
My friend bugs me or annoys me even though I ask him/her not to	Never or Hardly ever	64.5	57.4
	2	21.3	25.1
	3	6.8	9.5
	4	4.6	5.5
	Always or Almost always	2.9	2.5
My friends and I argue	Never or Hardly ever	56.6	57.7
	2	31.8	26.2
	3	7.1	9.4
	4	2.5	4.6
	Always or Almost always	2.0	2.1
My friend and I disagree about many things	Never or Hardly ever	55	48.1
	2	26.8	30.9
	3	11.7	11.8
	4	3.2	6.0
	Always or Almost always	3.3	3.2

Note: percentages are weighted.

Overall, there was little difference between participants in Year 6 and Year 8 in terms of their responses to these items. This is reflected in the derived conflict closest friend scale (mean=10, SD=2), shown in Table 8.7 below. Likewise, no systematic differences emerged for the conflict closest friend scale between the marginalised and non-marginalised groups.

Table 8.7: Conflict closest friend scale, by year level (mean = 10)

	Mean score	SE
Year 6	9.90	0.16
Year 8	10.10	0.08
Difference in mean score between reporting subgroups		
	Mean score diff.	SE
Year 6 *minus* Year 8	-0.20	0.18

Note: scores are weighted

Bullying

In the survey, bullying was measured by a series of questions relating to the participants' experiences with covert bullying in and out of school, both as an initiator and a victim. Bullying was defined as:

> *...when people tease, spread rumours about, hit, shove or hurt other people over and over again. It is NOT bullying when two people of about the same strength or power argue or fight or tease each other in a friendly way.(adapted from Cross et al., 2009: 307)*

Questions on different types of bullying were drawn from the Australian Covert Bullying Prevalence Study (ACBPS) (Cross *et al.*, 2009). The ACWP used fewer items to measure bullying than the ACBPS as the former had to cover more domains than the latter. In the ACBPS 'Being bullied', was defined as 'being bullied again and again by another student or group of students every few weeks or more often in the term' (Cross *et al.*, 2009: 169). Table 8.8 shows percentages of participants reporting the types of bullying they experienced 'every few weeks this term', 'about once a week this term' and 'several times a week or more this term'. Overall, Year 4 participants reported experiencing all bullying behaviours more frequently than Year 6 and Year 8 participants.

Table 8.8: Participant reports of bullying at least every few weeks this term, by year level (per cent)

Question: This term, how often did these things happen to you?

	Year 4	Year 6	Year 8
Students deliberately ignored or left me out of a group to hurt me	14.1	11.8	11.7
I was teased in nasty ways	16.4	10.7	12.6
I had a student tell lies about me behind my back, to make other students not like me	22.6	13.4	13.7
I've been made to feel afraid I would get hurt	15	7.6	8
I had secrets told about me to others behind my back, to hurt me	16.1	11.7	10.6
A group decided to hurt me by ganging up on me	14.8	6.3	5.3

Note: percentages are weighted.

At all three year levels, participants reported having lies told about them as the most commonly experienced form of bullying. Over a fifth of Year 4 participants reported experiencing this form of bullying, compared with about 13% of Year 6 and Year 8 participants. Being ganged up on, and ignored or left out for Year 4 participants, was the least common bullying experience at all year levels. It is noteworthy that more than half of all participants (between 53.2% and 87.2%) at all three year levels reported not experiencing any of these bullying behaviours over the past term.

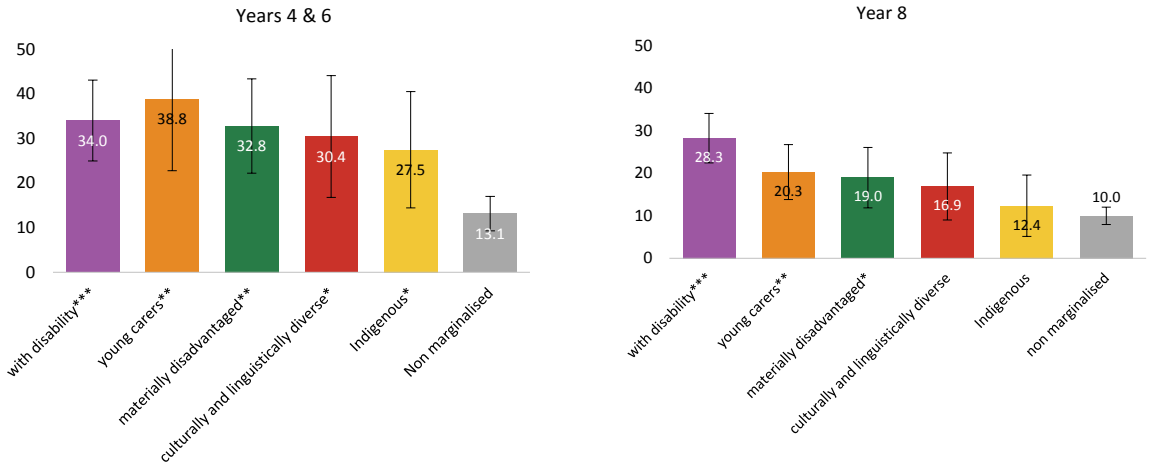
Overall, 17% of participants reported experiencing at least one form of bullying at least weekly (19% in Years 4 and 6, and 13% in Year 8). Figure 8.1 shows that participants in all the marginalised groups in Years 4 & 6 reported notably higher levels of bullying at least weekly than non-marginalised participants. About a third or more Years 4 and 6 participants with disability, carers and materially disadvantaged participants reported at least weekly bullying, as did more than a quarter of culturally and linguistically diverse and Indigenous Years 4 and 6 participants, compared with fewer than one in seven non-marginalised participants in Years 4 and 6. While reports of bullying were somewhat lower among participants in Year 8, reports of weekly bullying were still considerably higher among participants with disability, carers and materially disadvantaged participants than among non-marginalised participants. In the Phase one qualitative work, young people with disability reported frequent experience of bullying:

[At school] some of the kids throw stuff at my head.

Another reported more covert forms of bullying at school:

It's [school is] not dangerous, I just don't feel comfortable there.

Figure 8.1: Marginalised and non-marginalised participants who report experiencing bullying at least weekly (per cent)



Note: percentages are weighted. Error bars represent 95% confidence intervals around estimates. Asterisks next to labels on the horizontal axes denote a significant difference between the relevant marginalised group and the non-marginalised group. * p<0.05; ** p<0.01 *** p<0.001

The six items on bullying in the ACWP survey instrument were combined to form a bullying scale (mean=10; SD=2). The bullying scale shows notable differences in average bullying scale scores between Year 4 and Year 6 participants and between Year 4 and Year 8 participants, but not between Year 6 and Year 8 participants (Table 8.9).

Table 8.9: Bullying scale, by year level (mean=10)

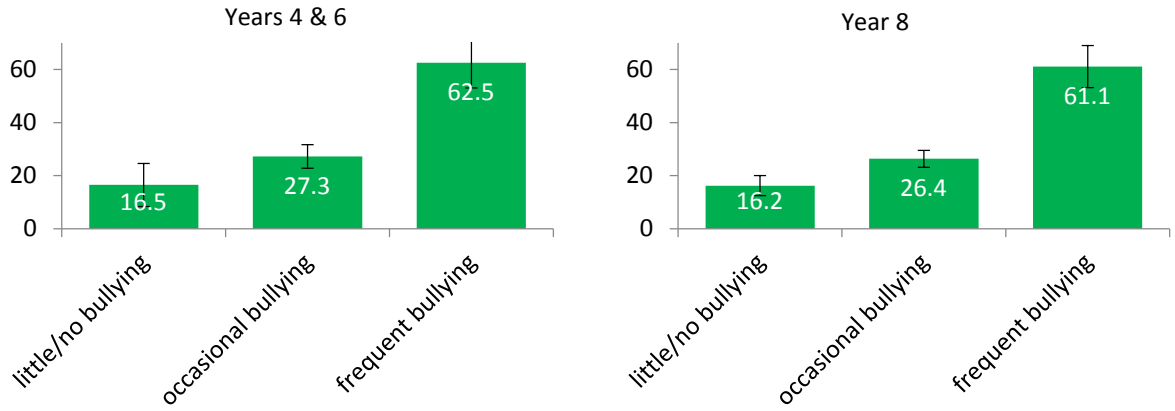
	Mean score	**SE**
Year 4	10.47	0.16
Year 6	9.86	0.13
Year 8	9.67	0.07
Difference in mean score between reporting subgroups		
	Mean score diff.	SE
Year 4 *minus* Year 6	0.61	0.20
Year 4 *minus* Year 8	0.81	0.17
Year 6 *minus* Year 8	0.19	0.15

Note: scores are weighted.

Figure 8.2 shows the percentage of participants reporting two or more health complaints at least weekly, according to whether they experienced little or no bullying (bullying scale score is less than mean – 1 standard deviation), occasional bullying (bullying scale score is within one standard deviation of the mean), and frequent bullying (score is at least mean + 1 standard deviation). Among both Years 4 and 6 participants, and Year 8 participants, there

is a clear positive relationship between extent of bullying and health complaints, with participants reporting frequent bullying also experiencing high levels of health complaints. Although there is a considerable literature linking bullying and health (see for example, Carlerby, Viitasara, Knutsson *et al.*, 2013; Kaltiala-Heino, Rimpelä, Rantanen *et al.*, 2000; Slee, 1995), it is important to point out that the figure does not show a causal relationship.

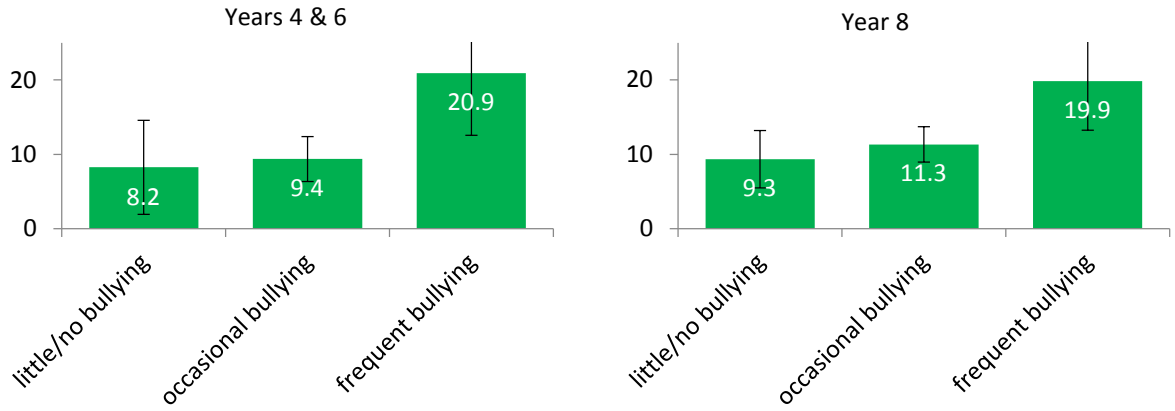
Figure 8.2: Participants experiencing two or more health complaints at least weekly, by frequency of bullying (per cent)



Note: means are weighted. Error bars represent 95% confidence intervals around mean estimates. For Years 4 and 6, differences between means for 'occasional bullying and 'frequent bullying' are significant ($p<0.001$). For Year 8, all differences are significant ($p<0.001$). Health complaints are discussed in more detail in Chapter 7.

Figure 8.3 shows that there is a positive relationship between missing school frequently and bullying. Among both Years 4 and 6, and Year 8 participants, a fifth who reported frequent bullying (one standard deviation or more above the mean bullying scale score) also reported missing school frequently (about every week or more). This compares with about one in ten participants who reported lower levels of missing school. Although (as with bullying and health complaints) the figure does not show a causal relationship between missing school and bullying, it may be that participants who are bullied frequently decide to absent themselves from school more often. Alternatively, it is also possible that participants who are absent from school frequently for reasons such as illness may experience higher levels of bullying. This issue needs further research.

Figure 8.3: Participants missing school about every week or more, by frequency of bullying (per cent)



Note: means are weighted. Error bars represent 95% confidence intervals around mean estimates. For each year group, all differences between means are significant: little /no – occasional bullying: $p<0.05$; occasional – frequent bullying: $p<0.001$. Note that proportions missing school about every week or more among those bullied at least weekly are similar to those presented here: 21% in Years 4 and 6, and 19% in Year 8. Among those who were not bullied at least weekly, the equivalent proportions are 9% and 11% for Years 4 and 6 and Year 8, respectively.

Participants whose responses indicated experiences with any bullying behaviours were asked about the where the bullying took place. Table 8.10 shows that, among those participants who indicated that they experienced bullying, more than two thirds mainly experienced it at school. Although participants in Year 8 reported experiencing lower levels of bullying, on average, than participants in Years 4 and 6 (Table 8.9), those Year 8 participants who were bullied were considerably more likely to experience it at school when compared with participants in Year 4 or Year 6.

Table 8.10: Bullying by location and year level (per cent)

Question: Where did you experience bullying?

	Mainly at school	Mainly outside of school	About the same at school and outside of school
Year 4	65.0	13.6	21.4
Year 6	68.9	9.7	21.4
Year 8	78.3	5.8	16.0

Note: percentages are weighted.

An aspect of bullying that emerged during the Phase one interviews was that participants talked about being bullied by a friend, or someone in their friendship group. One young person reported:

> *I got bullied by someone once but the deal's over and we're not friend though, but we're kind of – like, we just know each other.*

Those participants who indicated they had been bullied were asked if it was a friend who had bullied them. Table 8.11 shows that over a third of Year 4 participants, over a quarter of Year 6 participants, and over a fifth of Year 8 participants reported that they were bullied by someone they considered a friend. These differences in proportions by age may be

associated with older participants having a more mature understanding of friendship than younger participants. However, the occurrence of bullying within friendships, and bullying more generally as an aspect of social relationships, is an issue that warrants further examination in the Australian context.

Table 8.11: Bullying by a friend, by year level (per cent)

Question: This term, has somebody who you think is your friend bullied you?

	Yes
Year 4	36.6
Year 6	28.3
Year 8	22.6

Note: percentages are weighted.

Participants were also asked about being the initiator of bullying. Table 8.12 shows that a similar proportion of participants across year levels (about one in ten) reported having acted as a bully. There is now a growing literature on perpetrators of bullying (see AIFS, 2014), and this study could be analysed further for wider contextual factors associated with bullying.

Table 8.12: Bullying initiator, by year level (per cent)

Question: This term, have you taken part in bullying another child?

	Yes
Year 4	10.9
Year 6	8.0
Year 8	8.5

Note: percentages are weighted.

Chapter 9 School

9.1 Key findings

- Across all year levels, more than four in five of participants reported feeling safe and secure at school. However, school satisfaction was higher for participants in Years 4 and 6 than for participants in Year 8.
- There were few differences between the marginalised groups and the non-marginalised participants in terms of school satisfaction, except for Year 8 participants with disability who reported low levels of school satisfaction.
- Participants in Years 4 and 6 perceived their teachers to be more supportive than participants in Year 8.
- Young people with disability in both Years 4 and 6 and in Year 8 perceived teachers to be considerably less supportive than was the case among young people who were not in any marginalised group.
- Young people with disability, young carers, materially disadvantaged young people and culturally and linguistically diverse young people in Year 8 were all more likely to miss school regularly than non-marginalised Year 8s. Differences between marginalised and non-marginalised groups in Years 4 and 6 were more muted.
- Missing school frequently is strongly associated with moving home or school more than once in the past year, particularly for young people in marginalised groups.
- Over seven in ten non-marginalised young people in Year 8 aspired to university as their highest level of education. However, this was the case for fewer than six in ten materially disadvantaged young people, and fewer than four in ten Indigenous young people.
- While parental interest in school learning was higher in Year 4 compared with Years 6 and 8, the frequency with which parents ensured participants made time for homework was the same across year levels.
- Notably higher proportions of young people with disability, young carers, materially disadvantaged young people and Indigenous young people than non-marginalised young people in Year 8 reported that their parents ‘never or almost never’ talked with teachers.
- International comparison suggests that Australian boys and girls may experience higher levels of pressure from schoolwork than boys and girls in most other developed countries. School pressure is closely associated with psychosomatic health complaints, especially among girls.
- More than half of all participants reported doing homework ‘every day or almost every day’ at all year levels, whereas about one quarter of participants in all year levels reported ‘never or hardly ever’ playing sports. The proportion of participants indicating that they ‘never or hardly ever’ played sports increased systematically over the three year levels.

9.2 Summary of qualitative findings

The domain of school evidenced a mixed evaluation in the ranking exercises at Phase one, where it was generally ranked in the middle of hierarchies (for example in the mainstream, out of home care, culturally and linguistically diverse, and regional and remote groups) or else was ranked quite low (as was the case among young people with disability, materially disadvantaged young people and Indigenous young people). Even when lowly ranked, the benefits of school were generally agreed upon: for gaining an education (generally with a view to securing future opportunities and a satisfying job), as a social meeting place where friendships could be built and nurtured, and for some as the place to access sports programs and maintain physical fitness and wellbeing. A distinct variation to this consensus concerned the perception of school made by young people with disability. School for this group was distinguished by safety and bullying issues rather than positive social interaction. For young people in this group, 'home time' was seen as the best part of the school day. Many young people did not see school as the only (or even the most important) locus for learning. Many young people (especially Indigenous and culturally and linguistically diverse young people) greatly valued learning that occurred at home or within a community, or learning associated with the practice of sports and hobbies.

Some groups were concerned about the stress (and even depression and anxiety) caused by what they viewed as an excessive amount of homework and 'extra exams'. Others (for example in the out of home care group) appeared to be totally unstressed by homework, but expressed a clear dislike for it. School was also viewed as the main domain where rules and guidance were confronted, largely with acceptance but also with suspicion of 'strange' rules relating to uniforms, shoe colour, out-of-bounds areas, etc. School was also perceived, particularly by the culturally and linguistically diverse group, as a place for social acclimatisation and a place to practice English skills.

There was much discussion of teachers among the different groups. The importance of supportive relationships between parents and teachers was noted as a particular concern for culturally and linguistically diverse young people. Opinions of teachers were very mixed, with discussion of both good and bad (or lazy) teachers, and sometimes 'angry teachers'. Some young people reported having special relationships with one or more teachers that were clearly very important to them. Others focused on the difficulties associated with telling teachers about problems such as bullying, not necessarily because of what the teacher would do in response, but because of reactions by fellow students.

9.3 Quantitative design and results

The quantitative design of the school domain consisted of factual questions as well as the wellbeing subdomains of educational aspirations, success, satisfaction, and pressure. These are described further below.

Factual questions

The factual questions related to the school domain asked participants about frequency of missing school and their perceptions of teacher support and parental interest in school.

Missed school

Absence from school is a key issue of policy importance. The links between missing school and academic performance are widely acknowledged (Hancock, Shepherd, Lawrence *et al.*, 2013; Weitzman, Klerman, Lamb *et al.*, 1982). As Hancock *et al.* (2013) argue that

> *…poor participation and engagement is linked to adverse outcomes throughout the lifecourse. Limited school participation, for example, is associated with a greater chance of dropping out of school for both mainstream and ethnic minority groups, disruptive and delinquent behaviour, and may lead to a cycle of rebellion against authority. These outcomes have later implications for employment, a range of health risk behaviours (drug and alcohol abuse), homelessness, poverty, welfare dependence, and involvement in the justice system. (Hancock et al., 2013: 13)*

The ACWP survey instrument included a question regarding the frequency of absence from school (no reasons were sought). This question was adapted from the Children's Worlds survey (Rees and Main, 2015). Table 9.1 shows that while a much larger proportion of Year 4 participants than Year 6 or Year 8 participants did not appear to know how often they missed school (Year 4: 20.2%; Year 6: 8.5%; Year 8: 9.6%), across all year levels, at least seven in ten participants reported 'never' or 'hardly ever' missing school during the past term. In contrast, one in ten participants reported having been absent about once a week or more in the past term.

Table 9.1: Missed school last term, by year level (per cent)

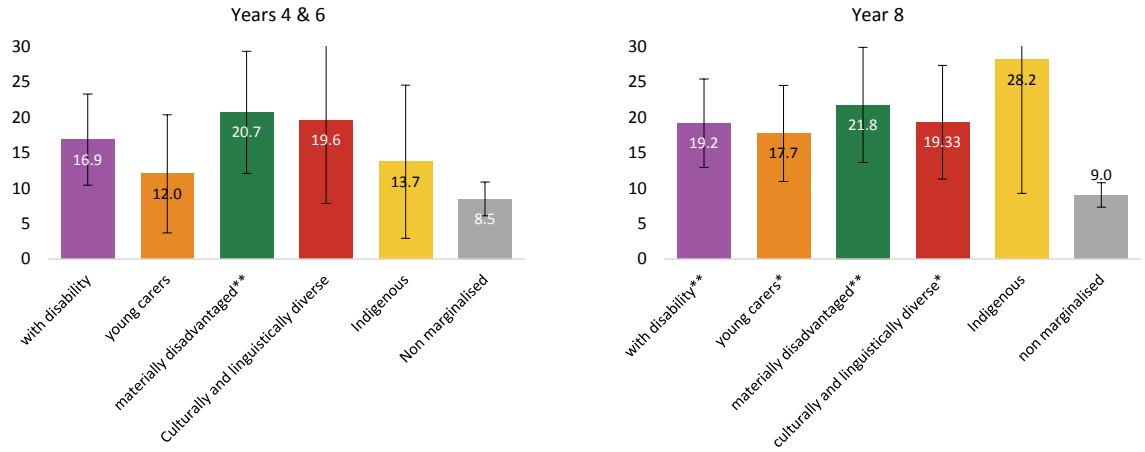
Question: Last term, how many times have you missed school?

	Never	Hardly ever	About once a week	Most days	Every day	Don't know
Year 4	18.4	51.4	5.6	3.6	0.8	20.2
Year 6	19.9	62.2	6.6	2.3	0.4	8.5
Year 8	15.4	64.1	7.6	3.0	0.4	9.6

Note: percentages are weighted.

Figure 9.1 shows that young people in the marginalised groups were generally more likely than young people who were not marginalised to miss school frequently (about once a week or more). Differences between materially disadvantaged young people and young people who are not marginalised are particularly noteworthy at both Years 4 and 6, and at Year 8. Differences between all the marginalised groups and the non-marginalised are appreciable at Year 8, although confidence intervals for the estimates are in some cases wide. These rates of absence from school, as reported by young people themselves, may refer to whole day or part day absences. Nonetheless, the findings presented here are consistent with those from a recent study of school absence in Western Australia, which found that students from low socio-economic status backgrounds had significantly lower attendance rates, especially in secondary school, than other students (Hancock *et al.*, 2013).

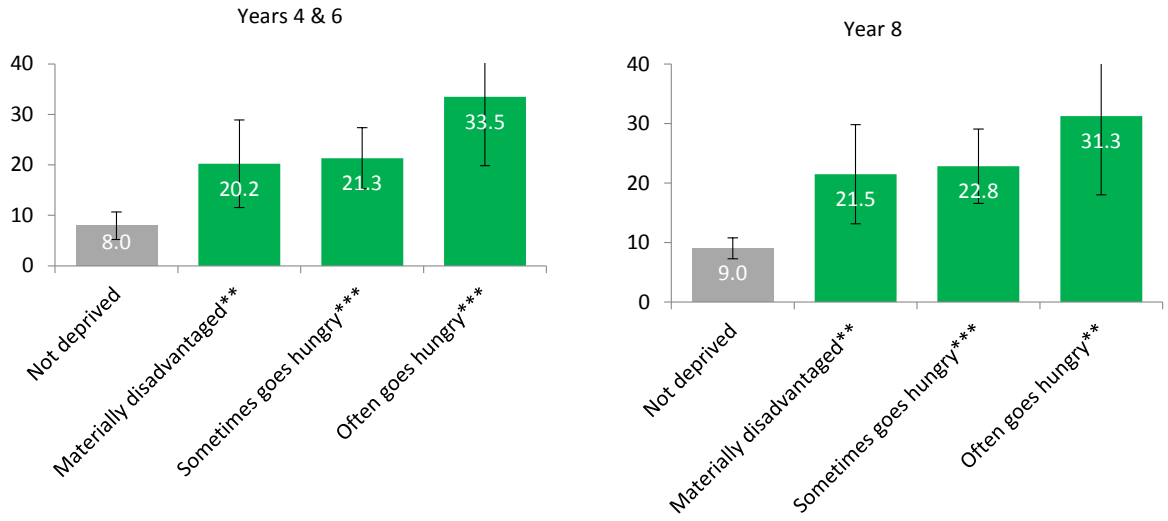
Figure 9.1: Marginalised and non-marginalised participants missing school about once a week or more (per cent)



Note: percentages are weighted. Error bars represent 95% confidence intervals around estimates. 'Don't know' responses are excluded. Asterisks next to labels on the horizontal axes denote a significant difference between the relevant marginalised group and the non-marginalised group. * p<0.05; ** p<0.01 *** p<0.001

Figure 9.2 shows that missing school is associated with hunger as well as material disadvantage as shown in Figure 9.1. Young people who go to school or bed hungry are considerably more likely to report missing school frequently than young people who are not materially disadvantaged. The figure also shows that participants who reported often going to school or bed hungry appeared to miss school more frequently than those who sometimes went to school or bed hungry.

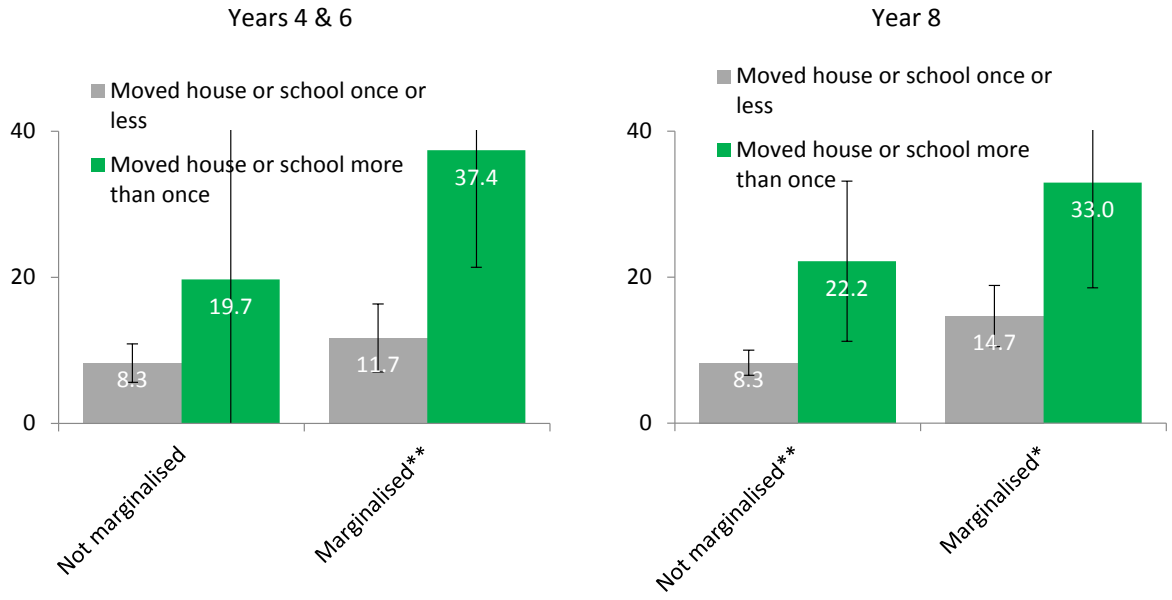
Figure 9.2: Missing school about once a week or more, by poverty indicators (per cent)



Note: percentages are weighted. Error bars represent 95% confidence intervals around estimates. 'Don't know' responses are excluded. Asterisks next to labels on the horizontal axes denote a significant difference between the relevant disadvantaged group and the not deprived group. * p<0.05; ** p<0.01 *** p<0.001

Hancock *et al.* (2013) indicate that student mobility between schools is associated with low attendance rates. This is also evident from the ACWP data as Figure 9.3 shows for both non-marginalised participants, and participants in one or more of the marginalised groups. Among both Years 4 and 6 and Year 8 participants, about a third of those in a marginalised group who moved home or school more than once reported missing school about once a week or more. Among the non-marginalised (who were much less likely to have moved more than once, as Figure 6.3 shows), about a fifth of both year levels reported missing school about once a week or more.

Figure 9.3: Missing school about once a week or more, by moving house or school twice or more in the past year (per cent)



Note: percentages are weighted. Error bars represent 95% confidence intervals around estimates. 'Don't know' responses are excluded. Asterisks next to labels on the horizontal axes denote a significant difference between the relevant disadvantaged group and the not deprived group. * p<0.05; ** p<0.01 *** p<0.001

Perceived teacher support

In the in-depth work young people talked about the help and support they felt they received from teachers. For example, one girl reflected that she liked her teacher because "she lets the class have their phones at school, their iPods... and she also lets us sit anywhere". "Slack teachers", on the other hand, and "angry teachers", were considered obstacles to young people's engagement at school. Some young people reflected on the lack of support from teachers when they felt they weren't able to do something or were not positively encouraged. This participant, who found presenting in front of the class embarrassing, stated:

> *Participant:* *Well I told my teacher [I did not want to do a speech in front of the whole class] and then she was like, 'You have to do it.'*

Facilitator: *Yeah, did she suggest anything that might make it less embarrassing or anything you could do that would make it easier?*

Participant: *No. It's like for assignments so the teacher was like, 'You have to do it.'*

In order to gain an understanding of the extent to which participants experience supportive relationships with school teachers and staff, three items, drawn from the Middle Years Development Indicator (MDI) survey, were included in the ACWP survey (Schonert-Reichl, Guhn, Gadermann *et al.*, 2013). Table 9.2 shows that participants in primary school reported high levels of support from at least one teacher or other adult at school. Around eight in ten participants in Years 4 and 6 reported that it was 'pretty much true' or 'very much true' that their teachers care, believe in their success and listen. In contrast, significantly fewer Year 8 participants strongly agreed with these statements. Proportions of Year 4 and Year 6 participants who reported that it was very much true of their teachers to care, believe participants to be a success and listen were considerably higher than the corresponding proportions for Year 8. These findings, that the older participants find their teachers to be less supportive, may reflect differences between the more caring, individualised environment of primary schools and the secondary school context, where teachers tend to teach larger numbers of students, and students have to deal with larger numbers of teachers.

Table 9.2: Teacher support, by year level (per cent)

Question: How true is each statement for you? At my school, there is a teacher or another adult…

		Year 4	Year 6	Year 8
…who really cares for me	Not at all true	5.6	5.1	11.7
	A little true	14.2	17.1	30.3
	Pretty much true	36.5	39.3	36.6
	Very much true	43.7	38.5	21.4
…who believes I will be a success				
	Not at all true	4.9	2.9	7.5
	A little true	14.6	17	20.4
	Pretty much true	31.5	34.4	38.9
	Very much true	49	45.7	33.2
…who listens to me when I have something to say				
	Not at all true	4.3	3.6	6.1
	A little true	12.8	15	20.1
	Pretty much true	30.1	35.4	38.1
	Very much true	52.8	46	35.6

Note: percentages are weighted.

The three teacher support items were combined to form a scale measuring perceived teacher support (mean=10, SD=2). The finding that participants in Year 8 found their teachers to be less supportive than participants in Years 4 and 6 is also reflected in the scale scores derived from the constituent variables shown in Table 9.3. Differences between Year 4 and Year 8 as well as between Year 6 and Year 8 are noteworthy, while the differences between Years 4 and 6 are considerably smaller.

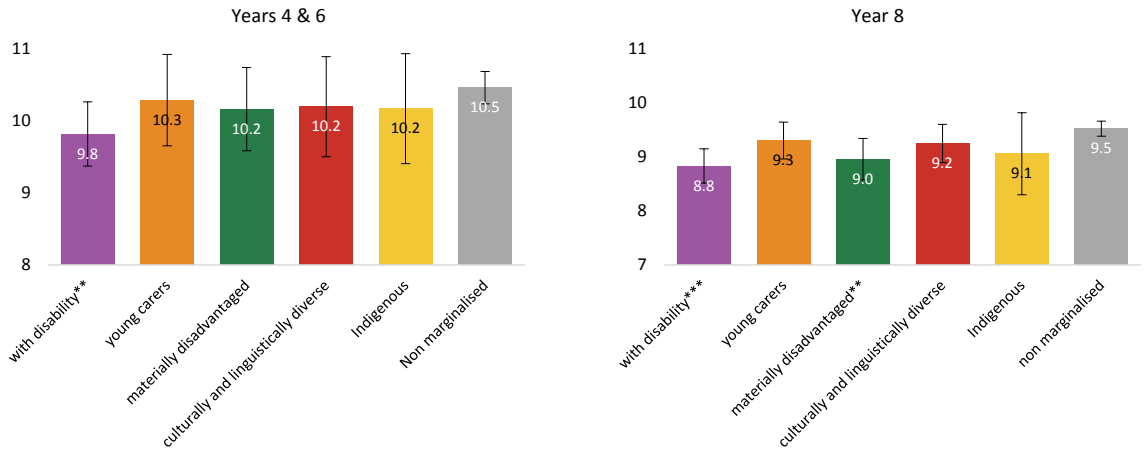
Table 9.3: Teacher support scale score, by year level (mean=10)

	Mean score	SE
Year 4	10.42	0.15
Year 6	10.20	0.12
Year 8	9.38	0.06
Difference in mean score between reporting subgroups		
	Mean score diff.	SE
Year 4 *minus* Year 6	0.22	0.17
Year 4 *minus* Year 8	1.05	0.16
Year 6 *minus* Year 8	0.82	0.13

Note: scores are weighted.

Figure 9.4 shows average teacher support scale scores for the different marginalised groups, and non-marginalised participants. For the most part, differences between the marginalised groups and the non-marginalised participants are minor. However, participants with disability at both Years 4 and 6 and Year 8, and Year 8 participants who are materially disadvantaged have considerably lower scale scores, on average, than the non-marginalised participants.

Figure 9.4: Average teacher support scale scores for marginalised and non-marginalised groups (mean=10)



Note: means are weighted. Error bars represent 95% confidence intervals around mean estimates. Asterisks next to labels on the horizontal axes denote significant difference between the relevant marginalised group and the non-marginalised group. * p<0.05; ** p<0.01 *** p<0.001.

Parental interest in school

Three items were included in the ACWP survey instrument to measure parental involvement at school. Two items on learning and homework were drawn from PIRLS 2011 and have also been used in TIMSS 2011. The third item, on parent contact with teachers, was added to determine the frequency of home-school interactions. The response scale for the third item differed from that for the first two, as it was assumed that this activity would be undertaken less frequently.

Table 9.4 shows that with respect to schoolwork and homework, more than half of participants across all year levels reported their parents being interested in these activities ‘every day or almost every day’. About 85% of participants reported that these parental behaviours occurred at least once a week. Some differences emerged between year levels in that a considerably higher proportion of Year 4 participants than participants in Years 6 and 8 reported that parents asked them what they had learned at school ‘every day or almost every day’. On the other hand, no differences were apparent between the year levels with respect to the frequency with which parents ensured that participants set aside time for homework. Between 6% and 9% of participants reported that their parents ‘never or almost never’ asked about what they had learned at school or ensured that time for homework was set aside.

Table 9.4: Parental interest in participants' schooling, by year level (per cent)

Question: How often do the following things happen?

		Year 4	Year 6	Year 8
My parents ask me what I am learning in school	Never or almost never	8.0	5.7	6.2
	Once or twice a month	6.5	9.0	9.1
	Once or twice a week	21.8	29.9	32.1
	Every day or almost every day	63.7	55.4	52.6
My parents make sure that I set aside time for my homework	Never or almost never	8.8	8.7	7.8
	Once or twice a month	6.8	5.0	6.1
	Once or twice a week	19.8	22.4	23.6
	Every day or almost every day	64.6	63.9	62.5
My parents talk to my teachers	Never or almost never	9.1	9.5	19.9
	Once or twice a year	22.9	29.7	42.4
	Once or twice a term	50.2	49.8	34.4
	At least every week	17.7	11.0	3.2

Note: percentages are weighted.

Table 9.4 also shows that participant reports of parents talking to teachers were on average, more frequent among the younger participants. The proportion of participants who said that their parents talked with their teachers 'at least every week' consistently declined from Year 4 to Year 8. In Year 8, one in five participants claimed their parents 'never or almost never' talked to their teachers, compared with one in ten in Years 4 and 6.

Comparisons with 2011 TIMMS and PIRLS results for Year 4 participants for school work and homework items (Thomson *et al.*, 2012) are presented in Table 9.5. Proportions reported in these surveys are mostly similar to those in the ACWP. However, the proportion of Year 4 participants reporting that parents ask about their school learning 'once or twice a week' is slightly lower in ACWP (21.8%) than in TIMSS/PIRLS (27.0%), while the proportion reporting this behaviour as occurring 'every day or almost every day' is higher in ACWP (63.7%) than in TIMSS/PIRLS (59.0%).

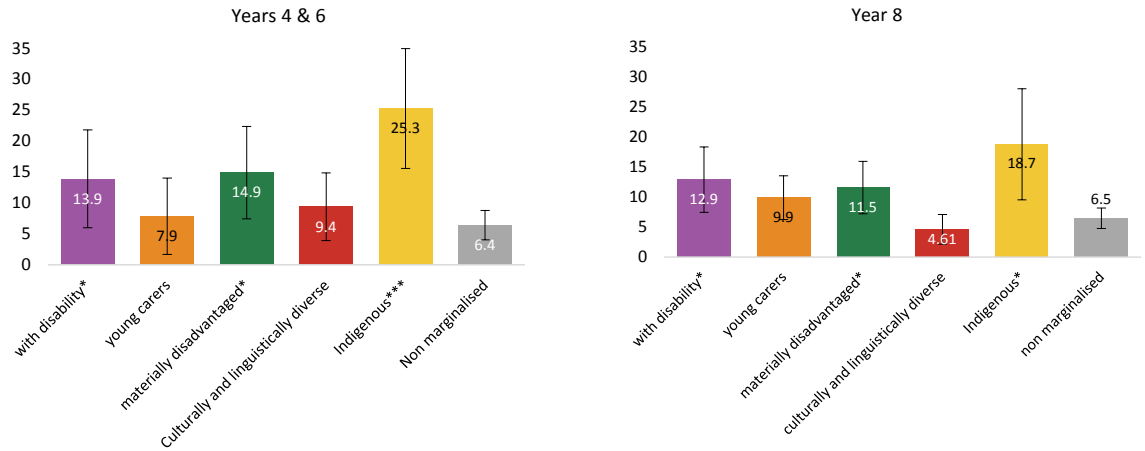
Table 9.5: Parental interest in schoolwork and homework, TIMSS/PIRLS Year 4 (per cent)

		Year 4 ACWP	Year 4 PIRLS and TIMSS 2011
School work	Never or almost never	8.0	6.0
	Once or twice a month	6.5	7.0
	Once or twice a week	21.8	27.0
	Every day or almost every day	63.7	59.0
Homework	Never or almost never	8.8	9.0
	Once or twice a month	6.8	5.0
	Once or twice a week	19.8	20.0
	Every day or almost every day	64.6	67.0

Note: ACWP percentages are weighted. For information on PIRLs and TIMSS data, Thomson *et al.* (2012).

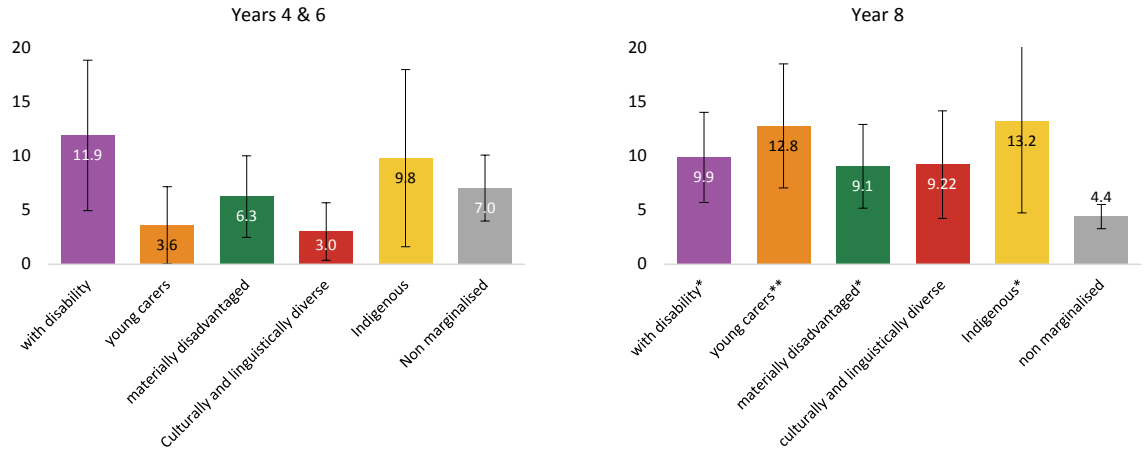
Figure 9.5 shows percentages of participants in the different marginalised groups who reported that their parents 'never or almost never' asked them about their homework. Overall, a higher proportion of participants in the non-marginalised groups reported that their parents 'never or almost never' asked them about their homework. Differences between participants with disability, participants who are materially disadvantaged and Indigenous participants on the one hand, and non-marginalised participants on the other, are notable at both Years 4 and 6 and Year 8 levels. Figure 9.6 shows that with respect to parents who 'never or almost never' ask participants about their schoolwork, differences between the marginalised and non-marginalised groups are small at Year 4 and 6 levels, but larger at Year 8, where, again percentages are higher for non-marginalised participants. Gaps in percentages between participants with disability, carers, participants who are materially disadvantaged and Indigenous participants on the one hand, and non-marginalised participants on the other, are worth noting.

Figure 9.5: Marginalised and non-marginalised participants whose parents 'never or almost never' ask them about their homework (per cent)



Note: percentages are weighted. Error bars represent 95% confidence intervals around estimates. Asterisks next to labels on the horizontal axes denote a significant difference between the relevant marginalised group and the non-marginalised group. * p<0.05; ** p<0.01 *** p<0.001

Figure 9.6: Marginalised and non-marginalised participants whose parents 'never or almost never' ask them about their schoolwork (per cent)



Note: percentages are weighted. Error bars represent 95% confidence intervals around estimates. Asterisks next to labels on the horizontal axes denote a significant difference between the relevant marginalised group and the non-marginalised group. * p<0.05; ** p<0.01 *** p<0.001

Table 9.6 shows that at Year 8, a considerably larger proportion of boys than girls reported that their parents talked to their teachers 'once or twice a term' (boys: 38.3%; girls: 30.6%). Differences among Year 8 participants are also apparent with respect to the SEIFA of the suburb in which the school is located. The proportion of participants from low SEIFA schools who reported that their parents 'never or almost never' talked to their teachers was considerably higher than that from middle SEIFA schools, which in turn was higher than that of high SEIFA schools (Low: 27.6%, Middle: 22.5%; High 12.1%). It is also worth noting (though number of observations is small) that half of participants in rural/remote areas reported that their parents 'never or almost never' talked with their teachers.

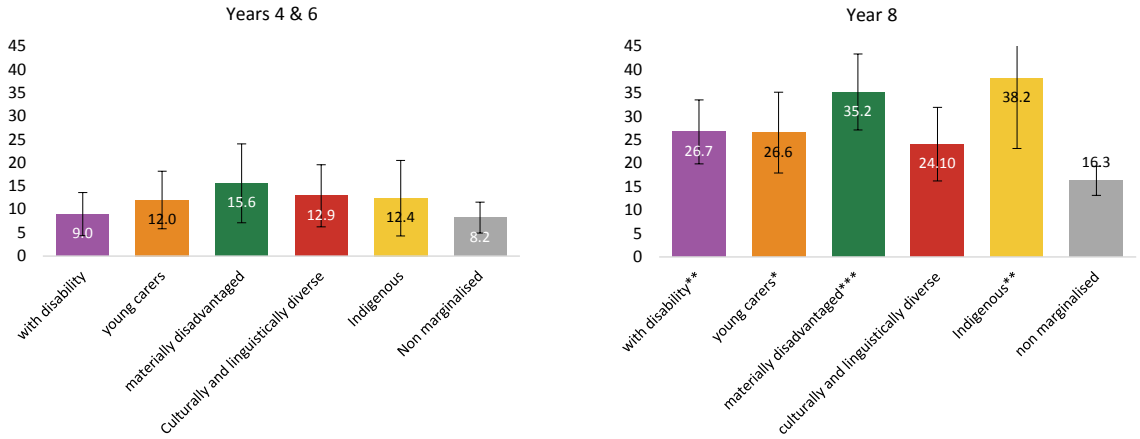
Table 9.6: Year 8 participant parental interest in teacher, by sex, and geographic location and SEIFA of school (per cent)

	Never or almost never	Once or twice a year	Once or twice a term	At least every week
Sex				
Girls	21.8	45.8	30.6	1.8
Boys	18.0	39.1	38.3	4.6
Geographic location				
Metro	19.9	44.1	33.7	2.4
Provincial	18.0	38.1	38.6	5.3
Rural/Remote	50.3	35.2	5.6	8.8
National SEIFA				
Low	27.6	38.3	29.8	4.3
Middle	22.5	41.4	32.6	3.6
High	12.1	46.4	39.5	2.0

Note: percentages are weighted.

Figure 9.7 shows that among participants in Years 4 and 6, differences in the percentages reporting that their parents 'never or almost never' talked with teachers were minor. Among Year 8 participants, on the other hand, differences were for the most part considerably larger and worthy of note. In particular, the proportions of participants with disability, young carers, materially disadvantaged participants and Indigenous participants who reported that their parents had very little contact with teachers are high in absolute terms (ranging from 26.6% to 38.2%), and high relative to the non-marginalised group (16.3%).

Figure 9.7: Marginalised and non-marginalised participants whose parents 'never or almost never' talk to their teachers (per cent)



Note: percentages are weighted. Error bars represent 95% confidence intervals around estimates. Asterisks next to labels on the horizontal axes denote a significant difference between the relevant marginalised group and the non-marginalised group. * p<0.05; ** p<0.01 *** p<0.001

Wellbeing subdomains

Wellbeing questions in the school domain included items on educational aspirations, school success, school satisfaction, pressure at school and outside school activities.

Educational aspirations

In the group work, many young people saw education as an important resource that could generate choices in later life. As some reflected, school was deemed an asset for later life. "They're necessary things"... "You have to get an education"... "So you don't end up living alone in a caravan with two cats!" For one young person, an education was important because it enabled you to avoid being taken advantage of – "Like when you go to the shop, if you get ripped off you can see". On the other hand, some young people did not see any connection between education and future career or employment, or expressed very vague ideas about how one might lead to the other. These differences in perspective were apparent from the following exchange between two girls in the economically disadvantaged group at Phase one:

Facilitator: *So what do you think school's about?*

Kayla: *I think it's about – you need the education for later in life, but you don't need it to always get a job.*

Anna: *Yes.*

Kayla: *No you don't.*

Anna: *Yes, if you want to be a teacher you need to learn all the subjects and if you want to be a brain surgeon, you have to learn really good maths. And if you want to be an architect you have to - - -*

Kayla: *You don't have to go to school.*

Anna: *Yes. Architects, you need maths, and journalists, you need to have good speech.*

Facilitator: *So Anna, for you it's all about the future and getting the skills you need for jobs?*

Anna: *Yeah.*

Therefore, while many young people were aware that people with a lack of basic education were vulnerable to exploitation, others showed less awareness, or interest.

The survey asked participants about their aspirations for further study and training. The question was drawn from the HowRU survey, and was asked at Years 6 and 8. Table 9.7 shows that similarly large proportions of participants at both Year 6 (70.5%) and Year 8 (73.3%) aimed to go to university. The second largest proportion at both year levels (Year 6: 14.3%; Year 8: 11.4%) sought to finish year 12. About 10% at Year 6 and 13% at Year 8 intended to finish trade qualifications or TAFE certificates. Relatively small proportions, at both year levels, intended to complete year 10 or year 11 as the highest level of education.

Table 9.7: Educational aspirations, by year level (per cent)

Question: What is the highest level of education you would like to finish?

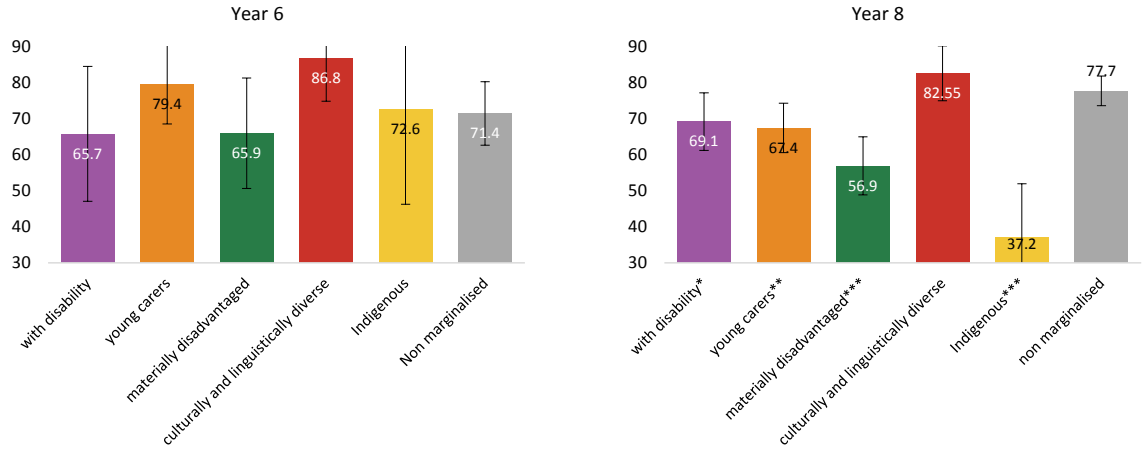
	Year 10	Year 11	Year 12	Trade Qualification (apprentice-ship)	TAFE Certificate (or similar)	University
Year 6	4.5	1.0	14.3	3.1	6.7	70.5
Year 8	1.5	1.0	11.4	5.4	7.4	73.3

Note: percentages are weighted.

Notable differences in education emerged between several groups of participants at both Year 6 and Year 8. A considerably greater proportion of girls and boys intended to go to university while a considerably greater proportion of boys than girls expected to obtain a trade qualification. In terms of geographic location, participants in metropolitan areas were substantially more likely to aspire to finishing university than participants in rural and remote areas (although note that the number of participants in this latter group is small).

Figure 9.8 shows that among Year 6 participants, differences in the proportions of participants in most marginalised groups and in the non-marginalised group who aspired to university were insignificant. Among Year 8 participants on the other hand, considerably smaller proportions of participants in all the marginalised groups, except the culturally and linguistically diverse group, aspired to university than participants in the non-marginalised group. It is also worth noting that while the proportions of participants with disability, and non-marginalised participants aspiring to university appeared to increase slightly between Years 6 and 8, the proportions of young carers, materially disadvantaged young people and Indigenous young people declined considerably between these years. Existing research shows that students from disadvantaged backgrounds have either lower, or unrealistic, expectations of educational and career aspirations (Beavis, Curtis and Curtis, 2005; Beavis, Murphy, Bryce *et al.*, 2004). However, further research is needed on changes in educational aspirations as young people move through their middle years.

Figure 9.8: Marginalised and non-marginalised participants who aspire to university as their highest level of education (per cent)



Note: percentages are weighted. Error bars represent 95% confidence intervals around estimates. Asterisks next to labels on the horizontal axes denote a significant difference between the relevant marginalised group and the non-marginalised group. * p<0.05; ** p<0.01 *** p<0.001

School success

Most (but not all) young people saw doing well at school as important to their aspirations. In the qualitative work, many of the young people discussed how doing well at school was essential for positive opportunities in the future.

Facilitator: *[…] You mentioned getting good marks. Is it important to get good marks at school do you think?*

Boy: *Certainly.*

Facilitator: *Why is that?*

Boy: *To get a good life and good dream in the future. To achieve your dream you must get marks because then sooner or later if*

> *you don't have good marks as you were expecting your dream may not turn out to be the way you want it to be, because sometimes your boss or the leader or whoever it really is might not accept you in a new job, stuff like that, and everything might turn back*

Survey participants were asked about how they perceived their success at school relative to their classmates. This question was drawn from the HSBC. Table 9.8 shows that between three and four in ten participants each year reported their performance as 'Very good' compared to their classmates. Across all year levels, few participants reported their performance as 'below average' compared with their classmates. Participants in Year 8 were less likely than Year 4 and 6 participants to perceive their success as 'Very good', and more likely to perceive it as 'Average'. Indeed, the proportion of participants who rated their performance as average compared with their classmates increased across the three year levels from 11.2% at Year 4, to 16.8% at Year 6 and 21.2% at Year 8.

Table 9.8: Success at school compared to classmates, by year level (per cent)

Question: In your opinion, what does your class teacher(s) think about your school performance compared to your classmates?

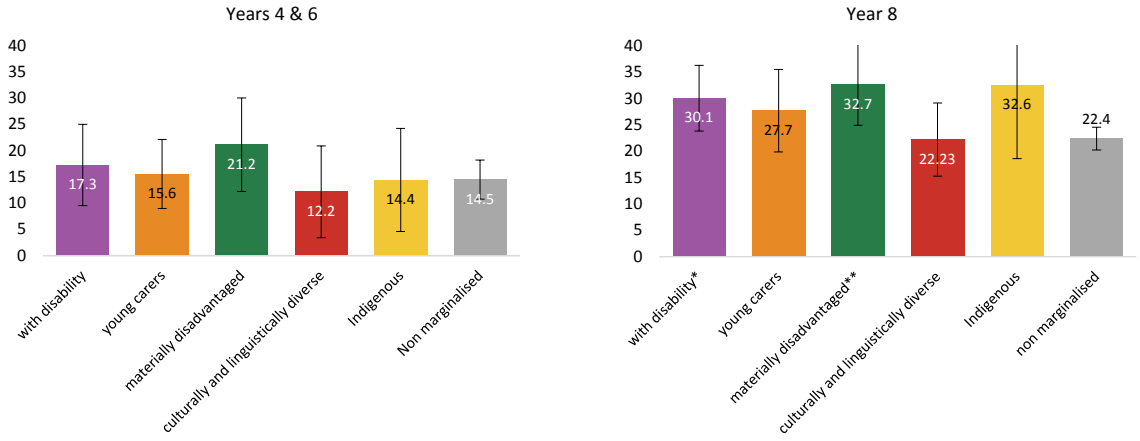
	Below average	Average	Good	Very good
Year 4	1.8	11.2	44.7	42.3
Year 6	1.7	16.8	44.9	36.6
Year 8	3.2	21.2	45.8	29.8

Note: percentages are weighted.

The HBSC 2009/10 international results (Currie *et al.*, 2012) reported that the proportion of participants who selected 'good' or 'very good' in response to the same question, was 75% at age 11 (about Year 6), 63% at age 13 (about Year 8) and 57% at age 15 (about year 10). While the pattern of participants' ratings of their school performance relative to peers decreasing with age was similar between the two studies, overall, the ACWP results are somewhat more positive than the international HBSC results.

Figure 9.9 shows that among participants in Years 4 and 6, there were no notable differences between the marginalised groups and the non-marginalised group in terms of percentages who thought their teacher assessed their success at school, relative to that of their classmates, as 'average' or 'below average'. However larger differences between two of the marginalised groups (participants with disability, and materially disadvantaged participants) and the non-marginalised group are apparent at Year 8 with higher proportions of participants in the marginalised groups rating their success at school as 'average' or 'below average'. While the percentage of Indigenous participants in Year 8 who think their teacher assesses their performance as 'average' or 'below average' is large, the relatively small number of observations in this group means that confidence intervals around this estimate are wide.

Figure 9.9: Marginalised and non-marginalised participants who think their teacher assesses their success at school as 'average' or 'below average' (per cent)



Note: percentages are weighted. Error bars represent 95% confidence intervals around estimates. Asterisks next to labels on the horizontal axes denote a significant difference between the relevant marginalised group and the non-marginalised group. * p<0.05; ** p<0.01 *** p<0.001

School satisfaction

Overall, the Phase one work revealed that young people had mixed feelings about school. This ambiguity around school was captured in the narrative by this young boy:

> *School, I'm not sure about school. School would be good because it gives you a good education in life. But sometimes school has its ups and downs, sometimes you get bullied, sometimes you don't. It's a mixed world.*

The survey asked participants about their satisfaction with school, where satisfaction was measured by six items were taken from the Longitudinal Study of Australian Children (LSAC). The proportion of Year 4, 6 and 8 participants agreeing and disagreeing with each statement are presented in Table 9.9. The highest level of agreement was recorded for the statement 'my school is a place where I feel safe and secure' (Year 4: 90.0%; Year 6: 92.6%; Year 8: 85.1%) whereas the highest level of disagreement at all year levels was reported in response to the statement 'my school is a place I really like go each day' (Year 4: 18.1%; Year 6: 20.8%; Year 8: 39.8%). About four in five or more Years 4 and 6 participants strongly agreed or agreed with all statements, indicating a high degree of school satisfaction. However, Year 8 participants overall were notably less in agreement with each item than was the case with the younger participants.

Table 9.9: School satisfaction, by year level (per cent)

Question: My school is a place where…

		Year 4	Year 6	Year 8
I feel happy	Disagree or strongly disagree	11.4	10.3	20.8
	Agree or strongly agree	88.6	89.7	79.2
I really like to go to each day				
	Disagree or strongly disagree	18.1	20.8	39.8
	Agree or strongly agree	81.9	79.2	60.2
I find that learning is a lot of fun				
	Disagree or strongly disagree	17.4	17.6	39.2
	Agree or strongly agree	82.6	82.4	60.8
I feel safe and secure				
	Disagree or strongly disagree	10	7.4	14.9
	Agree or strongly agree	90	92.6	85.1
I like learning				
	Disagree or strongly disagree	16.1	17.2	27
	Agree or strongly agree	83.9	82.8	73
I get enjoyment from being there				
	Disagree or strongly disagree	11.5	10.9	25.5
	Agree or strongly agree	88.5	89.1	74.5

Note: percentages are weighted.

The six school satisfaction items were combined into a scale (mean=10; SD=2). The means for the different year levels on Table 9.10 are consistent with the percentages on Table 9.9. Mean school satisfaction at Year 4 (*M* = 10.42) and Year 6 (*M* = 10.36) is notably higher than that at Year 8 (*M* = 9.22).

Table 9.10: School satisfaction scale scores, by year level (mean=10)

	School satisfaction scale	
	Mean score	SE
Year 4	10.42	0.13
Year 6	10.36	0.14
Year 8	9.22	0.06
Difference in mean score between reporting subgroups		
	Mean score diff.	SE
Year 4 *minus* Year 6	0.06	0.15
Year 4 *minus* Year 8	1.20	0.14
Year 6 *minus* Year 8	1.14	0.15

Note: scores are weighted.

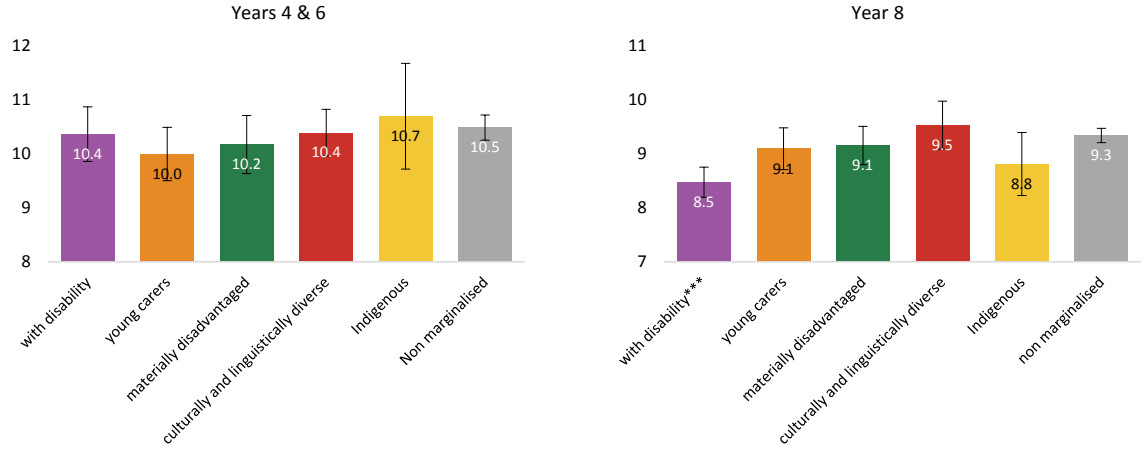
Figure 9.10 shows that there were few notable differences between the marginalised groups and the non-marginalised participants in terms of mean school satisfaction scores. Overall, high satisfaction with school is consistent with findings at Phase one, where young people in most marginalised groups reported liking school (albeit for a range of different reasons).The only notable difference in the figure is between Year 8 participants with

disability and non-marginalised participants, where participants with disability report considerably lower satisfaction levels. As one young person with disability said:

> *I'd like to stay at home most of the time because school's just – oh, it's not tough or anything, it's just, well, I don't like how the other kids act towards me.*

This sentiment appears to be consistent with the findings on Figure 9.10 for participants with disability at Year 8, although not for those at Years 4 and 6. This issue may warrant further investigation.

Figure 9.10: Average school satisfaction scale scores for marginalised and non-marginalised groups (mean=10)



Note: means are weighted. Error bars represent 95% confidence intervals around mean estimates. Asterisks next to labels on the horizontal axes denote significant difference between the relevant marginalised group and the non-marginalised group. * p<0.05; ** p<0.01 *** p<0.001.

Pressure

Many of the young people who participated in the in-depth research at Phase one discussed how school was often an aspect of their life that they felt anxious about:

> *Yeah, just like you do the semester, first one – but when you have a lot of homework or assignments and you can't hang out with your friends or family and can't go to sleep because there's too much work to do and you just want to make sure that you do them all so you get good marks.*

As the above quotation indicates, much of the pressure associated with school related to homework or extra exams (NAPLAN was specifically mentioned by one boy). One young person designed a collage to illustrate stress related to schoolwork and homework (Figure 9.11).

Figure 9.11: Pic Collage on school and stress

In the survey, school pressure was measured by an item that asked participants to rate the degree of pressure they experienced from their school work. This item was drawn from the HBSC, and was asked at the Years 6 and 8 levels only. Table 9.11 shows that 'A little' school pressure was the most common response at both year levels to the question 'How pressured do you feel by the schoolwork you have to do?' However, about one third of Year 6 participants (33.8%) and just over half of Year 8 participants (51.1%) experienced 'some' or 'a lot' of pressure. The percentages shown in Table 9.11 differed markedly between Year 6 and Year 8, suggesting that the school pressure that participants reported was linked to age or school level (primary or secondary). While the proportions of participants reporting 'not at all' or 'a little' pressure were larger for Year 6 than for Year 8 participants, the proportion of participants reporting 'some' or 'a lot' of school pressure was considerably larger at Year 8 than at Year 6.

Table 9.11: School pressure, by year level (per cent)

Question: How pressured do you feel by the schoolwork you have to do?

	Not at all	A little	Some	A lot
Year 6	20.3	46.0	25.6	8.2
Year 8	8.9	39.9	32.1	19.0

Note: percentages are weighted.

Table 9.12 shows that while pressure appeared to be equally reported by boys and girls in Year 6, more girls reported 'a lot' of pressure at Year 8. Figure 9.12 shows that compared

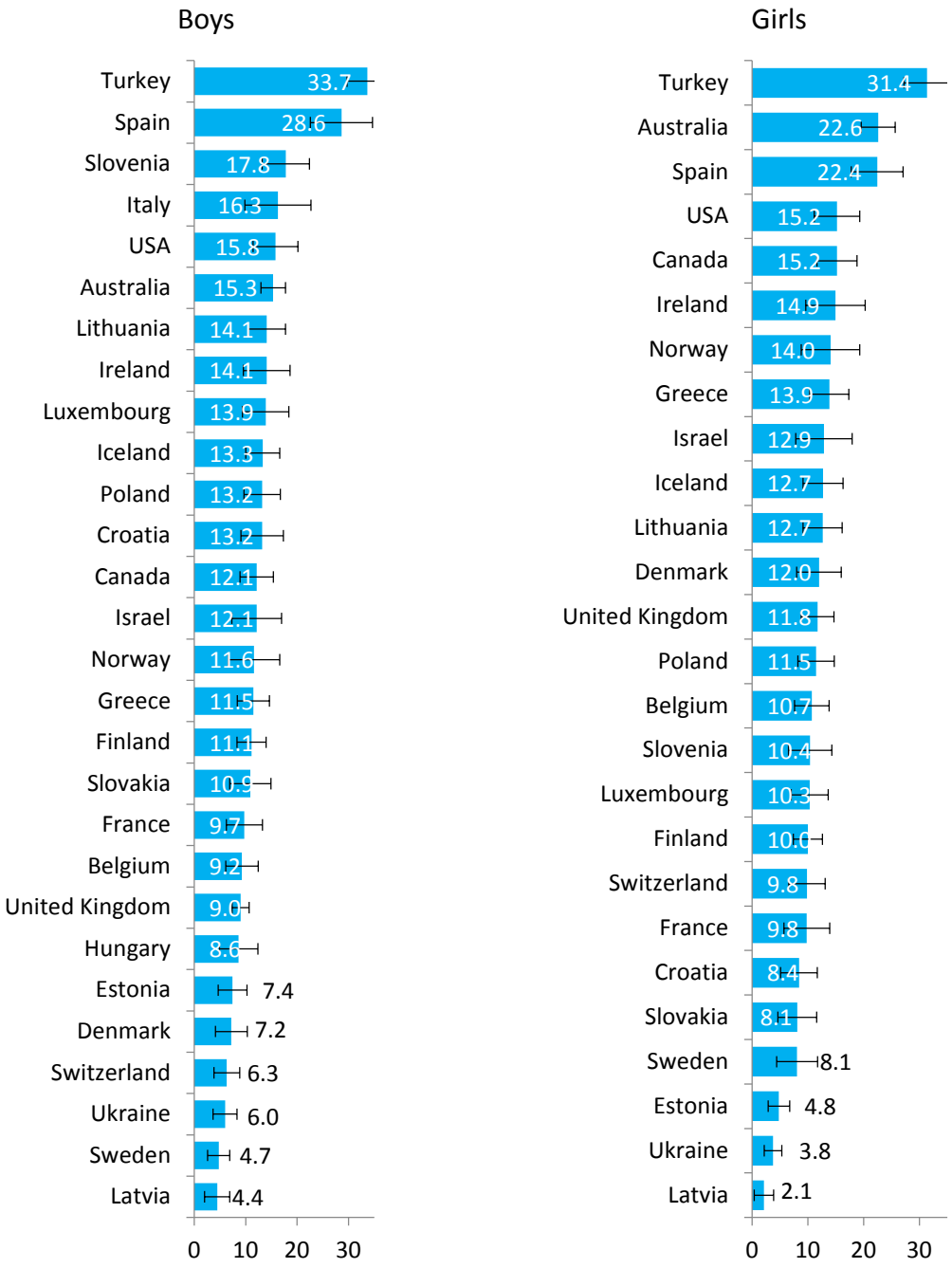
with 13-14 year olds in other countries (roughly equivalent to Year 8 in Australia), Australian boys and girls appear to experience high levels of pressure at school. The proportion of Australian 13-14 year old boys experiencing a lot of pressure from schoolwork (15%) is considerably higher than the proportions in several countries, including the United Kingdom, Denmark, Switzerland and Sweden. In the United Kingdom, for example, 9% of boys report a lot of pressure from schoolwork, and in Switzerland, 6% do. In most countries, the proportion of girls reporting a lot of pressure from schoolwork is higher than the proportion of boys. In international comparison, Australian 13-14 year old girls appear to sit near the top of the school pressure league table. Of 26 countries with data for girls countries in Figure 9.12, the percentage of Australian girls reporting a lot of school pressure (23%) is notably higher than the percentages in most of the other countries. In the USA and Canada, 15% of girls report a lot of school pressure. In the United Kingdom, 12% of girls report a lot of school pressure, and in Sweden, 8% do.

Table 9.12: School pressure, by year level and sex (per cent)

	Not at all	**A little**	**Some**	**A lot**
Year 6				
Girls	20.0	45.8	24.6	9.6
Boys	20.6	46.2	26.5	6.8
Year 8				
Girls	7.5	37.5	32.4	22.6
Boys	10.4	42.4	31.8	15.3

Note: percentages are weighted.

Figure 9.12: International comparison of 13-14 year old boys and girls reporting 'a lot' of school pressure (per cent)

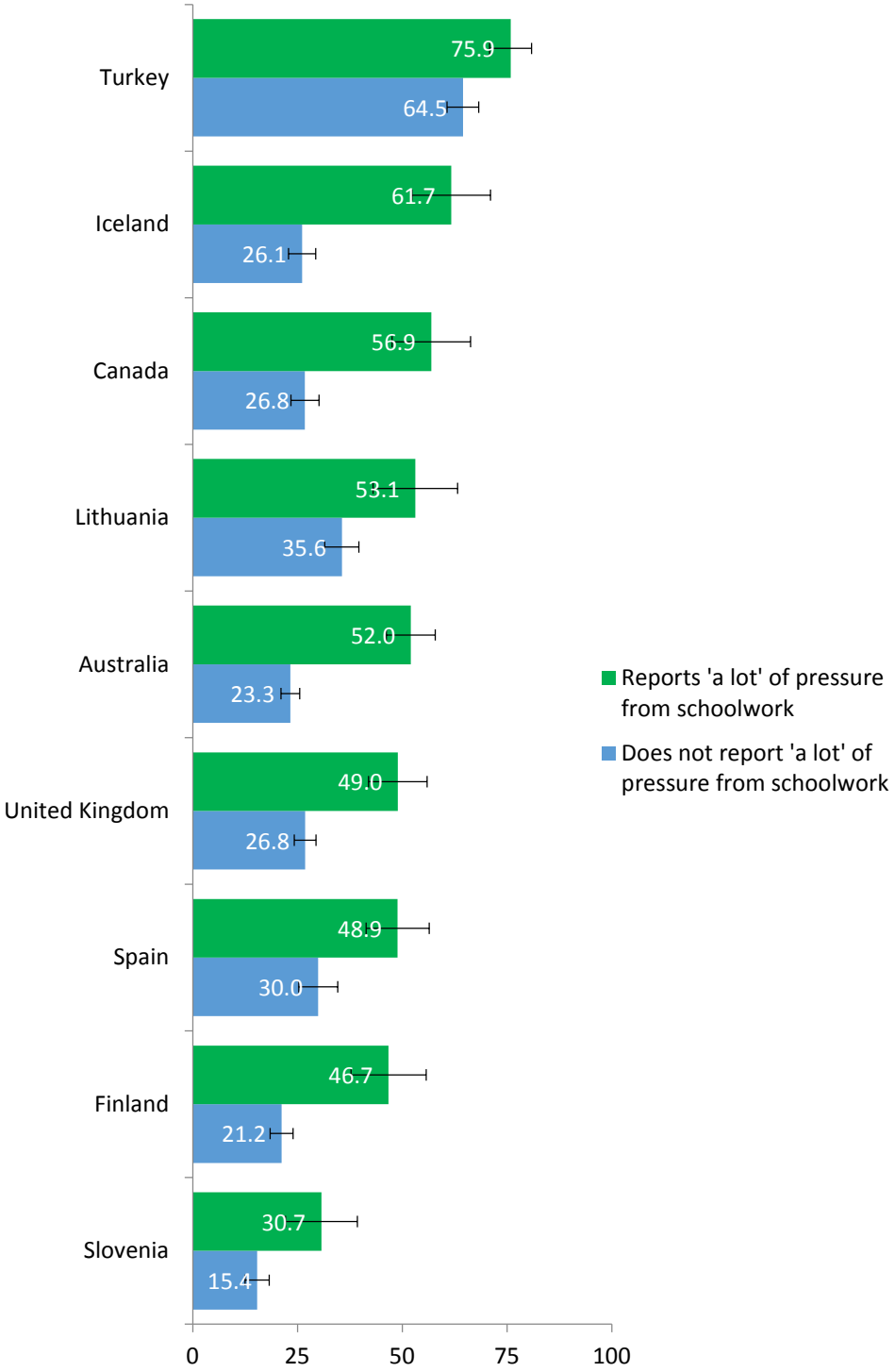


Data source: international data – HBSC. Australian data – ACWP. Only countries where there at least 200 observations are included. Percentages are weighted. Error bars represent 95% confidence intervals around estimates. HBSC sample is adjusted to give average ages of HBSC participants of 13.9 years, approximately equal to average age of Australian Year 8 students. Comparison between ACWP and HBSC data should be seen as indicative, given different methods of data collection between the two sources.

Figure 9.13 charts the relationship between reports of school pressure and reports of health complaints among 13-14 year olds (Year 8 participants in the ACWP survey) in nine countries. The figure shows the proportion of students in each country reporting that they

experienced two or more health complaints at least weekly, according to whether they also reported experiencing ‘a lot’ of pressure from schoolwork. In every country, students who do not report a lot of pressure from schoolwork have fewer health complaints than students who do report a lot of pressure. In most countries, the difference between the two groups is large. In the Australian sample, 23% of participants who did not report a lot of school pressure experienced at least two health complaints. This compares with 52% of participants who did report a lot of pressure from schoolwork. These percentages are in the mid-range of values for the nine countries

Figure 9.13: International comparison of 13-14 year old participants reporting two or more health complaints at least weekly by school pressure

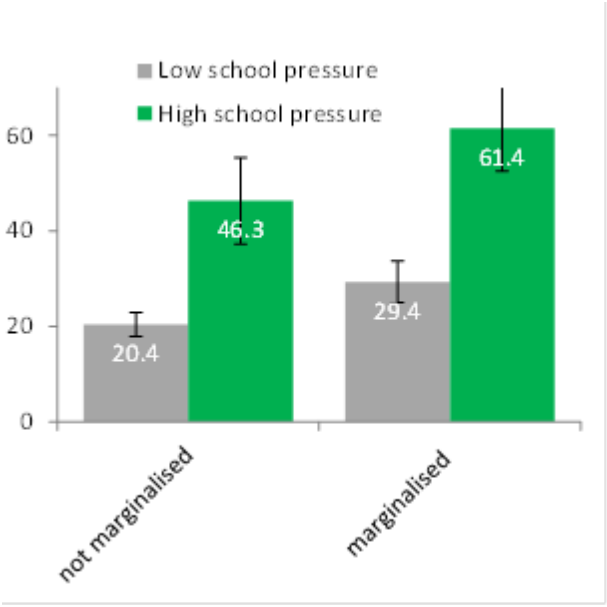


Data source: international data – HBSC. Australian data – ACWP. Only countries with at least 100 observations in each category ('does not report a lot of pressure' and 'reports a lot of pressure') are included in the analysis. Percentages are weighted. Error bars represent 95% confidence intervals around estimates. HBSC sample is adjusted to give average ages of HBSC participants of 13.9 years, approximately equal to average age of Australian Year 8 students. Comparison between ACWP and HBSC data should be seen as indicative, given

different methods of data collection between the two sources. Health complaints are discussed in greater detail in Chapter 7.

Experience of pressure at school is associated with a range of health complaints such as headaches, stomach-aches, feeling low, feeling nervous, and dizziness. Figure 9.14 displays the relationship between reports of school pressure and reports of health complaints among young people in Year 8. The figure shows that among young people not in any marginalised group, the proportion who reported experiencing two or more health complaints at least every week is more than twice as high (46%) among those who reported high levels of school pressure than among those who did not (20%). Among young people in at least one marginalised group who experienced a lot of school pressure, 61% reported two or more health complaints, compared with 29% among those who did not report a lot of pressure from schoolwork.

Figure 9.14: Marginalised and non-marginalised young people experiencing two or more health complaints at least weekly, by school pressure (per cent)



Note: Percentages are weighted. Health complaints are discussed in greater detail in Chapter 7.

The analysis presented here is consistent with international evidence on the association between pressure from schoolwork and health outcomes (Hesketh, Zhen, Lu *et al.*, 2010). It is also evident from young people's detailed discussions with the researchers for this project. However, these discussions suggested that the type of pressure that young people experienced appeared to vary among some of the groups. Young people from adequately resourced families were more likely to highlight the stress associated with doing well academically at school while those from materially disadvantaged backgrounds were more likely to highlight the stress involved in going to school and meeting school requirements regarding issues such as dress code, equipment for class, and behaviour. Sam, a non-marginalised participant in detailed discussions, stated:

> *You want a job to get money. Tests get in your way because you're so stressed about it, which is sometimes why kids fail because they're too scared, "Oh, I'm not going to get this right, I can't do it." So they would think they can't do it when they can but they're just doubting themselves. They're stressing.*

Judy, another non-marginalised participant, talked about how stress from homework impacted her health:

> *Judy:* *Sometimes when your brain's really active and full-on and you're just going, going, going and you don't stop, and then when you hop into bed you just can't get to sleep. And that's my problem as well. You just can't switch your brain off and you can't relax because you're always on the go, it gets pretty tiring, and you just want to drop. You just want the whole world to swallow you.*
>
> *Facilitator:* *Do you get sick sometimes? Or do you – you want the whole world to swallow you?*
>
> *Judy:* *Yes. Well, I do sometimes get sick. I got a big headache just last week, I think, from – like I had a lot of homework and I was really hot, and I just couldn't handle it. I was just really hot with a big headache.*

Nonetheless, while participants in these groups found schoolwork stressful, they had strongly internalised the idea that schoolwork should be embraced as necessary for doing well, regardless of the stress involved. While many of the young people in economically disadvantaged groups also clearly valued learning through schoolwork and homework, they talked also about different challenges:

> *Facilitator:* *You said if you really want to do homework you have to go somewhere.*
>
> *Madison:* *Oh yeah, I had an assignment due on the next day and I had to go out somewhere and I got a flu for about a month.*
>
> *Facilitator:* *Oh, so you did it outside in the cold?*
>
> *Madison:* *Yeah, it was like 12 degrees.*

Stress associated with homework was sometimes compounded with stress associated with other stresses in these young people's lives, as Casey reported:

> *School work is always with other things, maybe you're getting bullied or just something really bad has happened and just maybe the parents are being really strict on you. Yeah, there's lots of things that can cause stress.*

Others did not see the value of homework and opted out even when this meant getting in trouble, or felt there were more important things to do:

Brendan: *You need socialise and be outside, and we're stuck inside doing homework.*

Facilitator: *Okay, so you think there's too much homework?*

Brendan: *Exactly.*

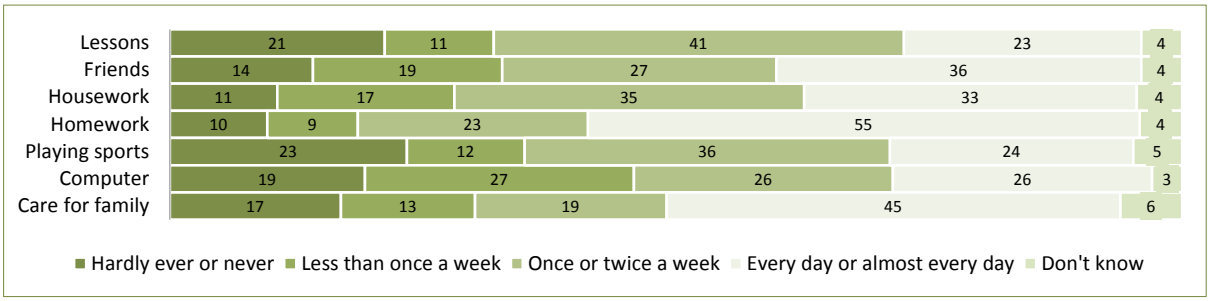
Moreover, schooling costs appeared to cause stress for young people in materially disadvantaged circumstances. Some young people discussed the cost of uniforms, or the price of food in the school tuck shop – issues that did not arise among young people in the middle class group.

To summarise, pressure from schoolwork, given the relatively high percentage of Australian boys and girls who report experiencing 'a lot' of pressure, may be an important issue for policy and research in the Australian context. Moreover, in-depth interviews with some marginalised young people suggest that pressure to do well at school may be displaced by other pressures and expectations, for example, pressure relating to material disadvantage.

Outside school activities

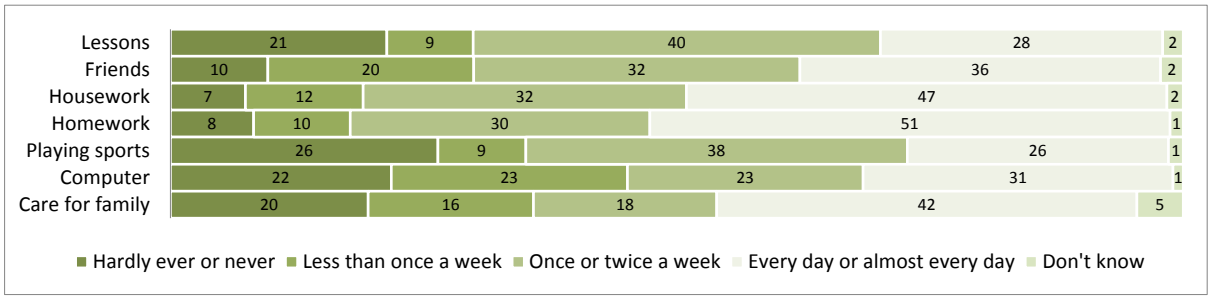
As participants discussed fitness, sport, and other activities in the focus group discussions at Phase one, questions about the frequency of involvement in various activities outside school were included in the ACWP survey. The items were drawn from the Children's Worlds survey (Rees and Main, 2015), but were slightly modified. Respondents were asked: 'How often do you usually spend time doing the following activities when you are not at school?' Activities included; taking lessons (like music, sports, dancing & languages); hanging out with friends; helping with housework; doing homework; playing sports on a team; on the computer; taking care of brothers or sisters or other family members. Figure 9.15, Figure 9.16 and Figure 9.17 show frequencies of participants at each year level who selected each response option. The results demonstrated a similar pattern of results across year levels in terms of the frequency activities.

Figure 9.15: Year 4 participant outside school activities (per cent)



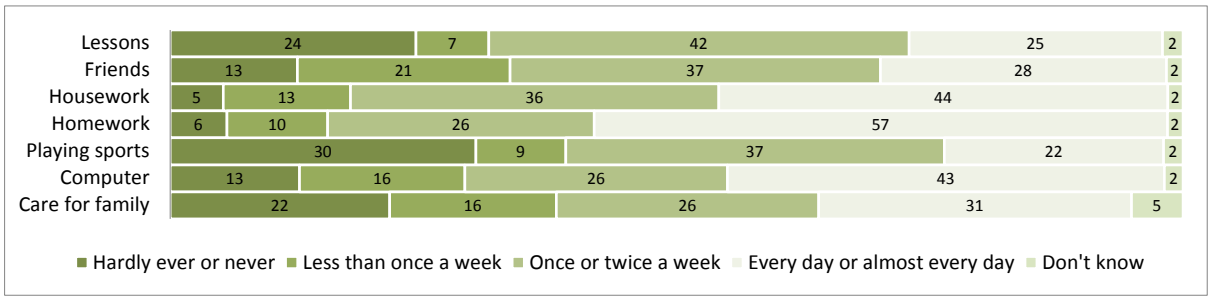
Note: percentages are weighted.

Figure 9.16: Year 6 participant outside school activities (per cent)



Note: percentages are weighted.

Figure 9.17: Year 8 participant outside school activities (per cent)



Note: percentages are weighted.

Homework

In groupwork and in-depth interviews at Phase one, young people had very mixed attitudes to homework. In some of the groups, homework was not mentioned at all – this was especially notable among the materially disadvantaged and Indigenous groups. On the other hand, a number of young people reflected that their approach to homework could also be a mixed experience, with some indicating that homework was fun whilst on the other hand, it could be problematic, take away from the enjoyment of other activities and be a source of stress and anxiety:

> *When you study it can put a lot of pressure on you. Like I've been studying for my selective test which is tomorrow and I'm like really freaking out and stuff.*

> *At least at my school you get a lot of homework... you don't really have that much time to do anything else because you're usually doing homework most nights.*

The survey revealed that over half of all participants did homework 'every day or almost every day'. However, systematic differences emerged in terms of the SEIFA of the suburb where the participant's school was located. Table 9.13 shows that across all year levels, participants attending schools in high SEIFA areas were more likely than other participants to report doing homework 'every day or almost every day', compared with participants in

attending schools in middle or low SEIFA areas. Participants attending schools in low SEIFA areas were least likely to report doing homework 'every day or almost every day'.

Table 9.13: Participants reporting homework as an outside school activity, by year level and SEIFA (per cent)

	Hardly ever or never	Less than once a week	Once or twice a week	Every day or almost every day	Don't know
Year 4					
National SEIFA					
Low	16.8	8.8	18.3	47.9	8.1
Middle	10.7	10.4	19.8	54.9	4.2
High	3.3	7.4	29.1	58.8	1.4
Year 6					
National SEIFA					
Low	11.2	11.2	35.8	39.7	2.2
Middle	11.2	9.9	25.3	53.2	0.3
High	2.9	8.0	29.9	57.4	1.8
Year 8					
National SEIFA					
Low	9.0	15.6	26.7	47.3	1.3
Middle	5.6	10.2	28.1	54.0	2.2
High	3.1	5.7	24.3	65.7	1.2

Note: percentages are weighted.

Playing sports

Figure 9.15, Figure 9.16 and Figure 9.17 show that playing sports was the least common of the outside school activities covered by the survey. About a quarter or more participants at each year level reported participating in sports 'hardly ever or never'. The decline in participation in sport between Year 4 and Year 8 is also notable (Year 4: 23.0%; Year 6: 26.0%; Year 8: 30.0%).

Lessons outside school

Figure 9.15, Figure 9.16 and Figure 9.17 show that about a quarter of participants in every year reported taking lessons outside of school 'every day or almost every day', while a further fifth reported 'hardly ever or never' taking lessons. Table 9.14 shows differences in reporting of lessons outside school according to the SEIFA of the suburb where the participant's school was located. Results across all year levels suggest that participants in the high SEIFA category are more likely than participants in the middle and low SEIFA categories likely to report taking lessons outside school, especially in Years 4 and 6.

Table 9.14: Participants reporting lessons as an outside school activity, by year level and SEIFA (per cent)

	Hardly ever or never	Less than once a week	Once or twice a week	Every day or almost every day	Don't know
Year 4					
National SEIFA					
Low	24.4	13.4	37.3	15.5	9.4
Middle	27.4	10.4	41.1	20.4	0.8
High	12.1	9.4	42.2	32.6	3.7
Year 6					
National SEIFA					
Low	28.5	7.5	42.4	19.4	2.2
Middle	24.8	12.8	37.3	23.1	2.1
High	12.7	4.6	41.9	38.9	1.8
Year 8					
National SEIFA					
Low	27.2	7.9	36.7	25.2	2.9
Middle	27.4	8.8	40.4	21.1	2.3
High	19.2	5.0	45.9	28.6	1.2

Note: percentages are weighted.

Computer use

Figure 9.15, Figure 9.16 and Figure 9.17 show that a larger proportion of Year 8 participants reported using the computer 'every day or almost every day' compared with participants in Year 6 who, in turn, had a notably larger proportion of participants in this category than Year 4 participants (Year 4: 26.0%; Year 6: 31.0%; Year 8: 43.0%). Table 9.15 shows that differences in computer use were also notable between boys and girls, with a considerably larger proportion in both Years 4 and 8 reporting that they used the computer 'every day or almost every day'. Differences in computer are also apparent for geographic location with a considerably larger proportion of Years 6 and 8 participants in metropolitan areas than in provincial areas reporting that they use computers 'every day or nearly every day'.

Table 9.15: Participants reporting computer use as an outside school activity, by year level, sex and location (per cent)

	Hardly ever or never	Less than once a week	Once or twice a week	Every day or almost every day	Don't know
Year 4					
Sex					
Girls	24.4	29.4	24.7	17.3	4.2
Boys	14.2	23.8	26.4	33.7	1.8
Geographic location					
Metro	17.4	25.5	26.7	27.7	2.6
Provincial	24.9	31.6	21.6	18.1	3.8
Rural/Remote	25.7	12.6	27.4	29.1	5.2
Year 6					
Sex					
Girls	24.7	27.1	22.9	24.2	1.1
Boys	18.9	19.7	23.6	36.8	0.9
Geographic location					
Metro	18.6	24.1	23.1	33.2	0.9
Provincial	31.5	21.0	25.0	21.3	1.3
Rural/Remote	16.3	24.2	6.9	51.1	1.5
Year 8					
Sex					
Girls	16.0	19.2	22.4	40.7	1.8
Boys	9.5	13.5	29.5	45.6	1.9
Geographic location					
Metro	11.3	13.5	25.1	48.2	1.9
Provincial	16.1	23.4	27.8	30.8	1.9
Rural/Remote	27.9	32.5	33.9	5.6	0.0

Note: percentages are weighted.

Young people in rural and remote Australia, and in out of home care

In the Phase one discussions, young people in out of home care had some mixed feelings about school. Like some of the other groups, young people in out of home care tended to emphasise school as a place to establish and maintain their friendships, and for general socialising.

> *School is like – you know how they got all those places like Facebook and things and then you've got friends and that but school's more a place where you know your friends and you learn with them instead of talking to complete strangers.*

> *Like, when we go on holidays and you don't want to go back to school but you do because you want to see your friends again...where we can talk and hang out and everything.*

While school was generally discussed as a place where positive relationships were enacted, the discussion on friendships segued into a discussion on bullying. Bullying was discussed along a rotating continuum of teasing and social exclusion.

> *I was bullied a year ago and I told Mum – well, no, my teacher told Mum and she did a big thing about it and I didn't like it because then everyone who was bullying me at that time gave me more stuff about it. So then I got bullied a lot more...They found someone else to pick on, and they just keep on doing it and eventually they'll come back to you and start bullying you again.*

On the other hand, young people in rural and remote Australia had a more positive view of school. In talking about school during in-depth discussions at Phase one, two key themes emerged for the young people in this group. First, school was seen as a place to get an education, a sphere for learning and growing. Accordingly, school was linked with future wellbeing in that attending school and learning was viewed as enabling them to secure a good job in adult life. Second, school was seen as important for respondents to socialise with their friends and peers:

> *It's a place for you to learn and meet new people and have fun things that you like to do...*

> *School is like where you can have – get education and where you can learn but like you can also do other stuff at school, such as playing with your friends and doing any other stuff they have at school.*

Table 9.16 shows that in terms of school indicators young people in both groups had poorer outcomes than non-marginalised young people. Of particular note is the smaller proportion of young people aspiring to university as their highest level of education.

Table 9.16: School indicators for young people in out of home care, in rural and remote Australia, and non-marginalised young people

Indicator	Not Marginalised % (n)	Out of Home Care % (n)	Rural and Remote % (n)
Missed school once a week or more last term	8.41 (266)	31.67 (19)	24.72 (22)
Low parent interest in schoolwork	4.91 (170)	14.67 (11)	9.26 (10)
Low parent interest in homework	6.38 (220)	16.90 (12)	14.85 (15)
Low parent interest in teacher	13.48 (468)	20.00 (15)	20.18 (22)
Aspires to university as their highest level of education	78.53 (2447)	48.89 (22)	45.16 (28)
Low success at school compared to classmates	21.53 (747)	30.67 (23)	22.73 (25)
Pressured by schoolwork	16.44 (506)	26.09 (12)	13.33 (25)

Note: percentages are unweighted.

Chapter 10 Neighbourhood

10.1 Key Findings

- Survey participants gave a low ranking to community/neighbourhood domain. The qualitative work revealed that community was a confusing domain for some, with the exception of the Indigenous and culturally and linguistically diverse young people.
- Across all year levels, 50 to 75% of participants reported 'lots of fun things to do' in their neighbourhoods.
- Roughly three quarters of participants across Years 6 and 8 reported that they felt safe when they were out in their neighbourhood during the day. However, only four in ten Year 6 and 8 participants reported that they felt safe when they were out in their neighbourhood during the evening.

10.2 Summary of qualitative findings

The meaning of 'community' was expressed differently among the different groups. The term appeared to confuse some participants. Moreover, as a domain, community/ neighbourhood domain was ranked quite low, with two significant exceptions. Young people in the culturally and linguistically diverse and Indigenous groups tended to rank community/ neighbourhood highly, often directly under family. When community/ neighbourhood were not ranked highly, there was some confusion when it came to defining the concept. In such cases the mention of 'online communities' helped stimulate how community/ neighbourhood might be conceived. As one participants stated, a community/ neighbourhood could 'be people you know of', but did not necessarily have to know intimately. For others, community/neighbourhood encompassed a number of different groupings, relationships, and domains spanning family and school, the local council and sporting clubs.

The culturally and linguistically diverse group, many of whom were born overseas and spoke a language other than English at home, had a considerably more global conception of community/neighbourhood than the other groups. Their communities consisted of people from the 'same culture' and from the 'same country', and their strong sense of a global community/neighbourhood included contextual themes of war, peace, or cultural conflict. While a small number of participants in the culturally and linguistically diverse group talked about their local area, for many, 'community' did not correspond clearly with a geographical area. Several culturally and linguistically diverse participants explicitly separated their cultural and familial communities from their neighbours, counterpoising local neighbourhoods as hostile places and communities as safe ones. 'Neighbourhood' was a much clearer term for culturally and linguistically diverse participants, referring to their local street, facilities, and services such as police. For the Indigenous participants, concepts of community/neighbourhood were strongly linked to family and culture, including a wide variety of social experiences shared with extended kinship networks.

In the Phase one focus groups, Indigenous participants associated the term 'community' exclusively with their Indigenous identities – their people, culture, and heritage – and did not appear to reference other notions of community. When participants were asked to clarify if family and community were the same, some participants expanded their definition to include "the government", because they "make money" and "make houses for people to live in", particularly "homeless people". This was then further expanded to include "Police... Safety... and Shops". When asked about the limits of community, one girl responded:

> *It goes wider [than the town]... It's every single country and state and town... [But it's] the same community.*

The use of 'country' by this Indigenous girl, alongside state and town, marks a worldview which recognises that states and towns are incommensurate with country (Ganesharajah, 2009) and that the two ways of thinking about people who live/d in 'other places' co-exist. It points to acknowledgement of both Indigenous and non-Indigenous communities, and further unpacks these participants' perceptions of the communities that exist more broadly than kin and family networks. This notion of community as something that extends beyond family was considered to be an asset:

> *[c]ommunity is good because you can socialise with other people and not just the same old people over and over.*

Notably, for Indigenous participants, the word 'community' did not equate to 'town' or 'neighbourhood'. However the issue of safety was often seen in terms of immediate geographical environment. Safety for these participants was understood in general terms, where they related safety awareness around safe behaviour when walking to school, crossing the roads with parents or at the crossing, being safe around cars – "stop, look, listen" – and wearing seatbelts and helmets, not playing with fire ("stop, drop and roll", being a safety technique apparently remembered from a course), and watching out for bushfires. One girl felt safe by having her mobile phone,

> *The phones mean to me when I'm stuck and I've just got my phone with me, I'll just ring and tell me parents where I am.*

As this domain was ranked low at Phase one, it occupied relatively little questionnaire space, comprising only a limited number of questions about safety and access to resources in the local area. Moreover, given previous literature and the findings of the Phase one interviews, the term 'neighbourhood' was adopted instead of 'community' because it was thought the term 'neighbourhood' may be easier to operationalise across all groups of interest.

10.3 Quantitative design and results

The analysis in Chapter 5 shows that, consistent with ranking exercises with different groups at Phase one, the community/neighbourhood domain was also ranked low in the survey. The community/neighbourhood domain was measured by two wellbeing subdomains, resources and safety, which are described further below.

Wellbeing subdomains

Resources

Access to resources in a young person's community/neighbourhood was measured by two items that were adapted from Children's Society (Rees, Goswami and Bradshaw, 2010). Participants were asked about access to resources in their area in terms of 'having things to do'. Access to, or lack of resources, may relate to other aspects of a young person's wellbeing, such as material wellbeing and deprivation.

Table 10.1 shows that, across all of the year levels, one-half to three quarters of participants, either agreed or strongly agreed that there were 'fun things to do' in their neighbourhood, . However, significant proportions of participants across the year levels, approximately 15 to 20%, also agreed or strongly agreed that there was 'nothing to do' in their neighbourhood.

Table 10.1: Neighbourhood resources, by year level (per cent)

		Year 4	Year 6	Year 8
There is nothing to do in my area	Strongly disagree	37.3	31.1	18.2
	Disagree	26.9	33.9	31.1
	Neither agree nor disagree	16.3	21.2	29.2
	Agree	15.1	10.0	14.3
	Strongly Agree	4.3	3.9	7.2
There are lots of fun things to do where I live	Strongly disagree	4.6	3.6	8.2
	Disagree	8.6	9.7	14.0
	Neither agree nor disagree	13.7	19.5	30.8
	Agree	35.4	42.0	32.7
	Strongly Agree	37.7	25.2	14.3

Note: percentages are weighted.

Differences in responses by year level suggest a tendency for older participants to shift to a neutral response when reporting that there is 'nothing to do' in their neighbourhood, and higher proportions of older participants than younger participants reported that they neither agreed or disagreed that there is nothing to do in their neighbourhood. This pattern was also observed in participants' responses to the statement that there were 'fun things to do' in their neighbourhood. Higher proportions of younger participants than older participants strongly agreed that there were 'lots of fun things to do', while higher proportions of older participants than younger participants neither agreed nor disagreed with the statement. These results show that the older participants were more likely to feel indifferent or neutral about the availability of resources and activities in their neighbourhood.

Safety

The degree of perceived safety in young people's neighbourhoods was measured by two items adapted from Children's Society (Rees, Goswami*, et al.*, 2010), relating to perceptions

of safety during the day and at night. Measuring safety was prioritised for participants in Years 6 and 8, as older participants were more likely to be out in the neighbourhood during the day and particularly the evening than younger children.

Table 10.2: Neighbourhood safety, by year level (per cent)

		Year 6	Year 8
I feel safe when I am out in my local area during the day	Strongly disagree	1.8	2.5
	Disagree	4.0	4.4
	Neither agree nor disagree	13.4	17.5
	Agree	49.6	49.8
	Strongly Agree	31.2	25.8
I feel safe when I am out in my local area at night	Strongly disagree	12.3	10.2
	Disagree	18.3	19.5
	Neither agree nor disagree	30.3	31.6
	Agree	29.0	28.7
	Strongly Agree	10.2	10.0

Note: percentages are weighted.

Table 10.2 shows that three quarters of participants in Years 6 and 8 agreed or strongly agreed that they felt safe when they were out in their neighbourhood during the day. Only two-fifths of Year 6 and 8 participants, agreed or strongly agreed that they felt safe when out in their neighbourhood during the evening. No notable or systematic differences emerged between participants in Year 6 and 8 regarding the perceived safety of their neighbourhoods.

Chapter 11 Material Wellbeing

11.1 Key findings

- Participants in both the survey and the qualitative work rated money low in terms of its importance for the 'good life'. While in-depth discussions with young people revealed that they understood the need for money, they often considered it unimportant relative to other domains.
- Nearly all participants reported that their family had a car, and money to put petrol in it. Over three quarters reported having their own bedroom, and about the same proportion reported having a dishwasher at home.
- Over eight in ten reported travelling away on holidays with their family at least once in the previous year. Two in ten did not have holidays away from home.
- 6-9% of participants reported having no books, or very few books, in the home.
- Across all year levels, more than three-quarters of participants reported that they were not deprived materially in that they had an iPod, money to save, clothes, and were able to go on school camp. Fewer participants reported having a mobile phone, especially in Years 4 and 6. (see also Chapter 13)

11.2 Summary of qualitative findings

The ACWP grew out of a previous project, Making a Difference (Skattebol *et al.*, 2012), that focused on the impact of poverty and social exclusion on young people's wellbeing. Findings from Making a Difference corroborated a wide range of studies showing that while young people are not overly concerned with money or material goods, they are concerned about how a lack of access to certain goods and services can exclude them from what other young people consider to be normal (Redmond, 2009). Across all the groups who participated in Phase one of the ACWP, money was consistently ranked as the lowest, or closest to the lowest, domain for a good life. Consistent with the wider literature, money was seen as important as an enabler for respondents to access the 'basics' of life - usually identified as food, shelter and clothes.

> *Money isn't the most important thing but having some money to buy food and to pay for your rent and stuff is really good*

Many of the participants in the marginalised and non-marginalised groups reflected on the necessities that money enabled access to, but they also reflected on the idea that money could not provide access to more relational aspects of wellbeing: 'money can't buy you happiness', 'you can buy a house but you can't buy any friends'. In this way, much less emphasis was placed on the accumulation of material items or luxuries such as computer games, iPods, cars, or other 'non-essentials'.

Of all the groups, the Indigenous participants placed money highest in their understanding of wellbeing and a good life. This may reflect the likelihood that most of this group was materially disadvantaged. Indigenous participants referred not only to basics such as

nutrition and shelter, but also linked deprivation to serious consequences, including ill-health ('get skinny') and crime. Indigenous participants discussed, from personal experience, their responses to living in a materially disadvantaged environment - for example not asking for or expecting birthday presents, or not receiving a lift by car to and from an activity because their parents could not afford the required petrol. As such, they displayed a pragmatic concern with money as an enabler for improving their everyday wellbeing.

While these generalised ideas of money framed young people's thinking, some of the participants in the materially disadvantaged group spoke about various material deprivations, including a lack of food security, which was also an issue for a number of Indigenous participants. One participant described a 'really good day' as one where you 'get free food'. Interestingly, talk about food insecurity was typically put forward as an incidental comment rather than an expression of an injustice or a significant personal threat. The relaxed way these young people discussed food insecurity with interviewers suggests these experiences were fairly normalised and under control in their family life. That is, they felt their families generally could provide for them. Food shortages were described as occurring before paydays and as a stressor that arose when work was intermittent. One young boy commented:

> *My mum and my step-dad, there's six of us who live in our house, and it's two houses made into a big house. And because there's six that live there regularly, on some weekends there's my step-brother and sister come over. That makes eight kids, ten people living in one house, and the electricity bill is huge. And the weeks when we don't have my step-brother and sister come over, that's when my mum and my step-dad get paid, but last week when they came over my mum and my step-dad didn't get paid, it means they couldn't do shopping and we were low on food supplies.*

For some participants, money for school essentials was not available when needed. One girl explained that due to money shortages and school excursions costs, she had bought her new uniform for the year in April (school year typically starts in late January). The repercussions of these shortages were significant for some participants. Another girl in this cohort connected not having the right clothes directly with experiences of bullying:

> *Yes, no money [is important] because it doesn't give you the good clothes. To get bullied the people like tease you because of what you wear or your colour or if you're - if you ask a few questions in class they might tease you about it.*

Whether perceived or real, this participant understanding and experience of stigma underscores the psychological impact of material deprivation in young people's lives.

Young people who experience material disadvantage typically reflected on not having what other young Australians take for granted, such as lunch from the school canteen, pocket money, or small treats. Like many other Australians, participants in this group saw internet access as a necessary resource for social connections. This was particularly the case for older girls (aged 11-14 years). One girl noted that 'the internet equals happiness'. While most participants in this group had computers and iPads in their households, internet access was often intermittent and had to be negotiated with other household members. Furthermore,

internet access was not at the top of budgeting priorities. One girl suggested that a good day was ‘a day with the internet’.

For the groups who did discuss money, material wellbeing and deprivation were seen as related to wellbeing in other domains, including young people’s own health and wellbeing, and that of other family members. One girl spoke about her sore back, linking this with the fact that she was sleeping on an older, broken bed.

The materially disadvantaged and Indigenous groups appeared to experience high levels of ill-health and disability in their immediate and extended families. Some participants referred to parents on WorkCover and/or disability pensions. Participants understood that money was tighter when parents were not in paid work.

On the other hand, across some of the groups such as the mainstream group and the rural and remote group, there was evidence of money being used to enact an ethical code. Participants from both groups spoke of using money in a charitable way to address wider social inequalities, such as poverty and homelessness. Redistributing money, thus giving to others and contributing to society, was one of the proposed ways participants thought they would feel good about themselves;

> *Giving money to the poor...Because the poor people won't have a good life if they ran out of money and they have nothing to buy some.*

While charitable notions may be generally ‘schooled’ by parents or teachers, this was an unprompted aspect of the qualitative work with the mainstream groups. The sense of wellbeing these participants felt they would receive by assisting the wellbeing of others appeared to be a genuine perception, similar to other ethical enactments, such as the schoolyard consensus of appreciating diversity and individuality.

11.3 Quantitative design and results

The design of the money and material wellbeing domain in the survey consisted of a series of seven questions on family possessions or activities, and five questions concerning young people’s personal possessions or activities. These questions are discussed in this Chapter.

Other questions in the survey instrument were closely related to material wellbeing. These include a question going to school or bed hungry (Chapter 7). Survey participants were also asked about worries relating to material wellbeing, and these are discussed in Chapter 6.

Factual questions

Several questions were included in the survey to measure family possessions. These questions were used to develop a measure of material deprivation in survey participants’ families. This was designed as a rough proxy for more conventional household or family income indicators that are regularly used to analyse poverty in Australia and other countries. It is discussed in more detail in Chapter 4. In addition, five questions on possessions and activities relating more to survey participants’ personal circumstances were also included in the survey instrument. These questions allowed the development of alternative poverty measures that focus on the individual young person, rather than the

family in which they live. The analysis in Chapter 12 describes the development of an alternative measure of material disadvantage among young people that takes into account not only their family circumstances, but also their individual possessions and activities.

Family possessions

Cars and petrol: The qualitative research showed that cars are a symbol of young people's future ambition and also critical to their participation in out of school hours sports and other activities. However, having a car was sometimes not enough in itself to facilitate young people's participation. As one young girl indicated, she often attended a dance class across town but was only picked up in the car "when we have petrol". In another group, a boy discussed how his father's back injury had limited the family's ability to access certain resources, such as petrol:

> *Interviewee:* *My Dad but at the moment he's on WorkCover because he squashed a spinal disc in his back and so we're only getting money from his WorkCover [work-related injury payments].*
>
> *Facilitator:* *So does that make life tough? Like does that mean you've not got much money? What sort of things can't you get that you'd like to get or need?*
>
> *Interviewee:* *Well, all the time we still go camping. Like that we do all the time but we were supposed to go to our Uncle's house this weekend but to pick up a lounge but we don't have the money for diesel to go there.*

Based on discussions around how not having enough money for petrol could be restrictive, survey participants were asked questions regarding vehicle ownership, (taken from the HBSC), and petrol costs, (developed from the ACWP qualitative work). Only those participants who indicated that their family owned a vehicle were asked about ability to pay for petrol. Table 11.1 shows that over 98% of all participants indicated that their family owned at least one vehicle and most also had money for fuel. A very small proportion of participants (1-2%) indicated that their family did not own a vehicle.

Table 11.1: Family possessions car and petrol, by year level (per cent)

	Does your family own a car, van or truck?			**My family has enough money to put petrol in the car, van or truck when needed**
	No	Yes, one	Yes, two or more	Yes
Year 4	1.9	27.2	71.0	97.3
Year 6	1.2	17.5	81.3	98.6
Year 8	2.2	17.9	79.9	98.8

Note: percentages are weighted.

Own bedroom and dishwasher ownership: Participants were asked about whether they had their own bedroom and family dishwasher. Again, this question was taken from the HBSC. The bedroom question was asked at all three year levels, while the dishwasher question was only asked at the Years 6 and 8 levels. Table 11.2 shows that more than 70% of all

participants had their own bedroom. Year 4 participants were less likely to have their own bedroom than participants in Years 6 and 8. About three quarters of Years 6 and 8 participants had a dishwasher at home.

Table 11.2: Family possessions own bedroom and dishwasher, by year level (per cent)

Question: (1) Do you have your own bedroom for yourself? (2) Does your family have a dishwasher at home?

	Own bedroom	Dishwasher
Year 4	72.4	N/A
Year 6	83.8	74.9
Year 8	86.3	74.6

Note: percentages are weighted.

Holidays, computers and bathrooms: All year levels were asked the frequency of family holidays and number of computers in the home, while only Years 6 and 8 were asked the number of bathrooms in the home. These items were drawn from the HBSC. Table 11.3 shows that about 85% of all participants had been on a family holiday in the past 12 months. Approximately one third of participants at all year levels had been on a holiday more than twice in the past 12 months. Also, a notably larger proportion of Year 4 participants (37.8%) than Year 6 participants (32.8%) reported having been on holiday more than twice in the last 12 months, with the proportion of Year 8 participants in this category being considerably lower than for Years 4 and 6.

Table 11.3: Family possessions: holiday, computer and bathroom, by year level (per cent)

		Year 4	Year 6	Year 8
During the past 12 months, how many times did you travel away on holiday with your family?	Not at all	14.6	13.8	16.0
	Once	26.5	26.0	30.5
	Twice	21.2	27.4	23.8
	More than twice	37.8	32.8	29.7
How many computers does your family own? (including laptops and tablets, NOT including game consoles and smartphones)?	None	1.8	1.0	1.1
	One	15.6	8.3	8.5
	Two	23.2	26.5	18.1
	More than two	59.4	64.3	72.3
How many bathrooms (room with a bath/shower or both) are in your home?	None	NA	0.5	0.2
	One	NA	29.7	27.7
	Two	NA	51.5	50.9
	More than two	NA	18.3	21.1

Note: NA-Question not asked at Year 4. Percentages are weighted.

In contrast to the decline in proportion of participants reporting three or more holidays between Years 4 and 8, the number of computers owned by participants' families increased over the three year levels. The proportion of participants reporting that their families owned more than two computers increased from 59.4% in Year 4 to 64.3% in Year 6 and

72.3% in Year 8. Overall, more than 98% of all participants indicated that their family owned at least one computer.

About one fifth of participants in both Years 6 and 8 indicated that their home had more than two bathrooms. Roughly half of participants in Years 6 and 8 had two bathrooms, and one third had one bathroom. A very small proportion of participants (<1%) indicated that they did not have a bathroom in their home.

Books in the home: Participants were asked about the number of books in their home. These questions are used in large-scale assessments such as PISA, TIMSS and PIRLS. Analyses of data from these and other surveys have shown the number of books in the home to be an important constituent item in constructs reflecting home background, which, in turn, has been linked to student academic performance (Evans, Kelley and Sikora, 2014; Hanushek, Machin and Woessmann, 2011; LeFevre, Skwarchuk, Smith-Chant *et al.*, 2009). Table 11.5 shows participants' reports on number of books in the home.

Table 11.4: Participants reporting number of books in the home, by year level (per cent)

	None or very few (0 - 10 books)	Enough to fill one shelf (11 - 25 books)	Enough to fill one bookcase (26 - 100 books)	Enough to fill two bookcases (101 - 200 books)	Enough to fill three or more bookcases (more than 200)
Year 4	5.9	13.2	32.8	27.2	20.9
Year 6	7.7	13.1	28.0	23.7	27.4
Year 8	8.8	14.8	30.6	22.3	23.5

Note: percentages are weighted.

Participants reported a similar number of books in in their homes across the three year levels. Across year levels, the largest proportion of responses was for 26 to 100 books, equivalent to one bookcase. Table 11.5 shows that there were systematic differences were observed for SEIFA, whereby at Years 4 and 6, participants from High SEIFA schools indicated having more books than children from Middle and Low SEIFA schools.

Table 11.5: Participants reporting books in the home, by year level and school SEIFA (per cent)

	None or very few (0 - 10 books)	Enough to fill one shelf (11 - 25 books)	Enough to fill one bookcase (26 - 100 books)	Enough to fill two bookcases (101 - 200 books)	Enough to fill three or more bookcases (more than 200)
Year 4					
SEIFA					
Low	12.2	15.5	32.2	18.2	21.9
Middle	4.3	17.4	39.1	27.8	11.4
High	2.9	6.8	26.3	33.3	30.7
Year 6					
SEIFA					
Low	15.7	19.2	32.7	18.6	13.7
Middle	9.5	14.9	28.5	24.0	23.1
High	0.3	7.1	24.2	26.8	41.7
Year 8					
SEIFA					
Low	9.8	14.2	35.8	19.3	20.9
Middle	9.9	16.8	30.9	21.8	20.6
High	7.1	13.3	26.7	24.8	28.2

Note: percentages are weighted.

Young people's possessions

The money and material wellbeing domain asked participants a series of five questions about possessions to measure young people's material deprivation. These questions asked the participants whether they had certain items that were assumed to reflect a child's socio-economic background (e.g. iPod, the right clothes to fit in). Furthermore, when participants responded as not having a possession, they were asked whether or not they would like to have it. Four of these items were adapted from Children's Society (Rees and Main, 2015) and one new item, regarding enough money to go on a school camp, was developed based on the Phase one in-depth interviews, as well as earlier work (Skattebol *et al.*, 2012).

Table 11.6 shows that across all year levels, approximately three-quarters or more of participants reported having an iPod or other music player, money to save every month, the right clothes to fit in, and money to go on school camp. Relatively smaller proportions of participants, specifically at Years 4 and 6, reported having their own mobile phone (Year 4: 21.2%; Year 6: 44.0%; Year 8: 82.7%).

Table 11.6: Material deprivation, by year level (per cent)

Question: Here is a list of items that some young people of your age have. Please tell us whether you have each item on the list or whether you'd like to have it

		Year 4	Year 6	Year 8
iPod	I have this	73.1	77.4	86.2
	I don't have this but would like it	16.5	16	5.8
	I don't have this and I don't want or need it	10.3	6.6	8
Money to spend	I have this	72.5	76.2	76.4
	I don't have this but would like it	21.5	19.3	19.3
	I don't have this and I don't want or need it	6	4.5	4.3
Clothes	I have this	84.5	88.1	87.3
	I don't have this but would like it	7.5	5.6	5.9
	I don't have this and I don't want or need it	7.9	6.3	6.8
Money to go on school camp	I have this	81.8	88.6	92.7
	I don't have this but would like it	13.6	8.3	5
	I don't have this and I don't want or need it	4.6	3.2	2.3
Mobile phone	I have this	21.2	44.4	82.7
	I don't have this but would like it	53.3	44	12.9
	I don't have this and I don't want or need it	25.5	11.6	4.4

Note: percentages are weighted.

Examining results by year level, notable differences emerged for all material deprivation items, except for having the right clothes to fit in. Table 11.6 shows that a larger proportion of Year 8 participants reported having an iPod or other music device, money to go on school camp, and a mobile phone than Year 4 or Year 6 participants. Likewise, a larger proportion of Year 8 participants than Year 4 participants reported having enough money to save each month. These data are discussed in more detail in Chapter 13.

Chapter 12 Life Satisfaction

12.1 Key Findings

- Eighty per cent of all participants considered their life to be close to or at the best possible level. Year 4 participants were more likely than both Year 6 and Year 8 participants to consider their life as the 'best possible life' they could have.
- Young people with disability or from culturally and linguistically diverse backgrounds were less satisfied with their life overall than were other participants.
- Almost four in five participants either agreed or strongly agreed that they felt positive about the future.
- Marginalised young people reported being less positive about the future than non-marginalised young people.
- In international comparison, young Australians' rating of their quality of life sits close to the international average.

12.2 Summary of qualitative findings

Young people talked about feeling good about themselves and their lives in a number of ways. For example, young people with disability had a keen sense of activities that brought happiness into their lives. They mentioned drawing, telling jokes with friends, pillow fights, eating good food, swimming, going on holidays. Some young people emphasised doing things with others while other participants discussed the activities themselves and sensory stimulation they got from the activities for example, the sound of fire engine, or the pleasure from eating food such as chocolate. A number of Indigenous young people, on the other hand, emphasised the importance of self-esteem and a positive outlook on life:

> *Feeling good about yourself is important because if you don't feel good about yourself you're not going to get anywhere in life.*

Believing in yourself was acknowledged as beneficial for achieving things in life, "Because if you don't believe in yourself, that means you won't go on to do good things or big things or anything like that". These Indigenous young people believed that they needed to attend to both the fun times and sad times of life as it allowed them to empathise and connect with others, "because then you could have a laugh at someone or cry with someone [too]."

Similar to young people with disability, many of the materially disadvantaged young people focused on day-to-day activities as sources of feeling good: camping, football, netball, cricket, basketball, soccer, volleyball and playing computer games – The Walking Dead and Fighting Zombies, as well as watching TV and accessing Youtube and Facebook. Some of the young people in out of home care, on the other hand, talked about fantasy as a source of personal wellbeing. Imagination appeared to enable these young people to generate preferred experiences involving greater agency than they may have enjoyed in their day-to-day lives, albeit in an imagined landscape and community.

12.3 Quantitative design and results

Life satisfaction and quality of life

As noted above, participants at Phase one talked about a range of activities and dispositions that they associated with feeling good about themselves. The ACWP survey instrument sought to capture these more general feelings with one scale on life satisfaction, and single items on quality of life and being positive about the future. Questions on life satisfaction and quality of life were included at the beginning of the survey instrument before any domain-specific questions, so as to avoid responses being influenced by any specific aspects of wellbeing (Lietz, 2010).

Life satisfaction

Items on life satisfaction were sourced from the Student Life Satisfaction Scale (Huebner, 1991), which, following Rees, Goswami*, et al.* (2010) were adapted and reduced to five items; my life is going well, my life is just right, I wish I had a different kind of life, I have a good life and I have what I want in life. These were aggregated into a scale (mean=10, SD=2). Table 12.1 shows that participants reported similar levels of overall life satisfaction across the year levels.

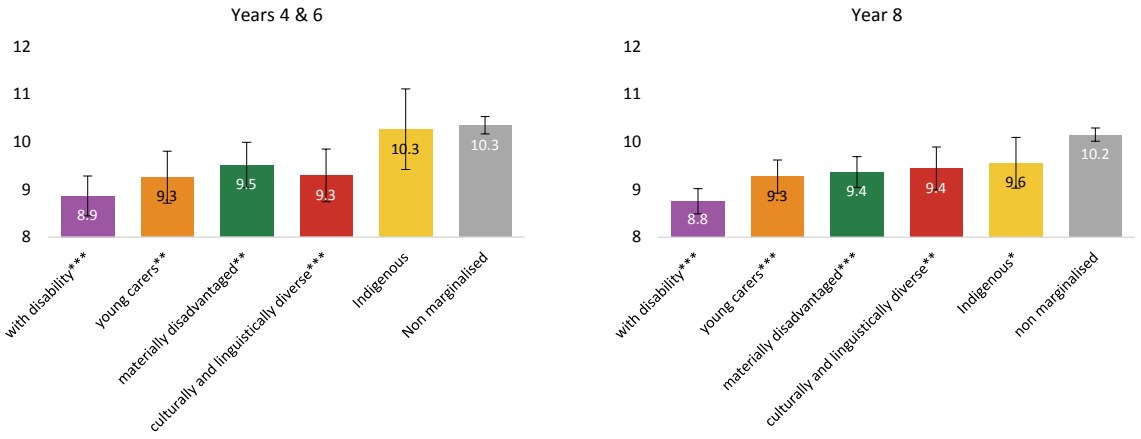
Table 12.1: Life satisfaction scale score, by year level (mean=10)

	Mean score	**SE**
Year 4	10.01	0.14
Year 6	10.12	0.12
Year 8	9.87	0.06
Difference in mean score between reporting subgroup		
	Mean score diff.	SE
Year 4 *minus* Year 6	-0.10	0.15
Year 4 *minus* Year 8	0.14	0.17
Year 6 *minus* Year 8	0.25	0.14

Note: scores are weighted.

Figure 12.1 shows that among participants in both Years 4 and 6 and Year 8, average life satisfaction scale scores are higher for the non-marginalised participants. Life satisfaction scores are notably low for participants with disability. Scores for young carers, materially disadvantaged participants and culturally and linguistically diverse participants are also substantially lower for than scores for non-marginalised participants. While average scores for Indigenous participants are similar to those for the non-marginalised group in Years 4 and 6, they are lower in Year 8, and the only group to show variation in life satisfaction across age.

Figure 12.1: Average life satisfaction scale scores for marginalised and non-marginalised groups (mean=10)



Note: means are weighted. Error bars represent 95% confidence intervals around mean estimates. Asterisks next to labels on the horizontal axes denote significant difference between the relevant marginalised group and the non-marginalised group. * p<0.05; ** p<0.01 *** p<0.001.

Quality of life

The ACWP survey also included a question to measure participants' quality of life. The Cantril ladder was included as this measure is a validated and accepted measure of quality of life for adults (Cantril, 1965), and has been used and validated as part of the HBSC. The Cantril ladder is correlated with other measures of wellbeing, such as subjective health and health complaints (Levin and Currie, 2014). The question in the ACWP survey instrument included an image of a ladder and participants were ask to rate their life somewhere along the ladder.

Table 12.2 shows that more than four in five participants considered their life to be close to or at the best possible level (i.e. they responded with a seven or higher). Year 4 participants were more likely than both Year 6 and Year 8 participants to select the highest 'best possible life' category. Very few participants selected the 'Worst possible life' category, and this was consistent across year levels. Indeed fewer than one in twenty participants reported a score of five or lower on the scale (Year 4: 3.5%; Year 6: 3.8%; Year 8: 4.5%).

Table 12.2: Cantril ladder quality of life, by year level (per cent)

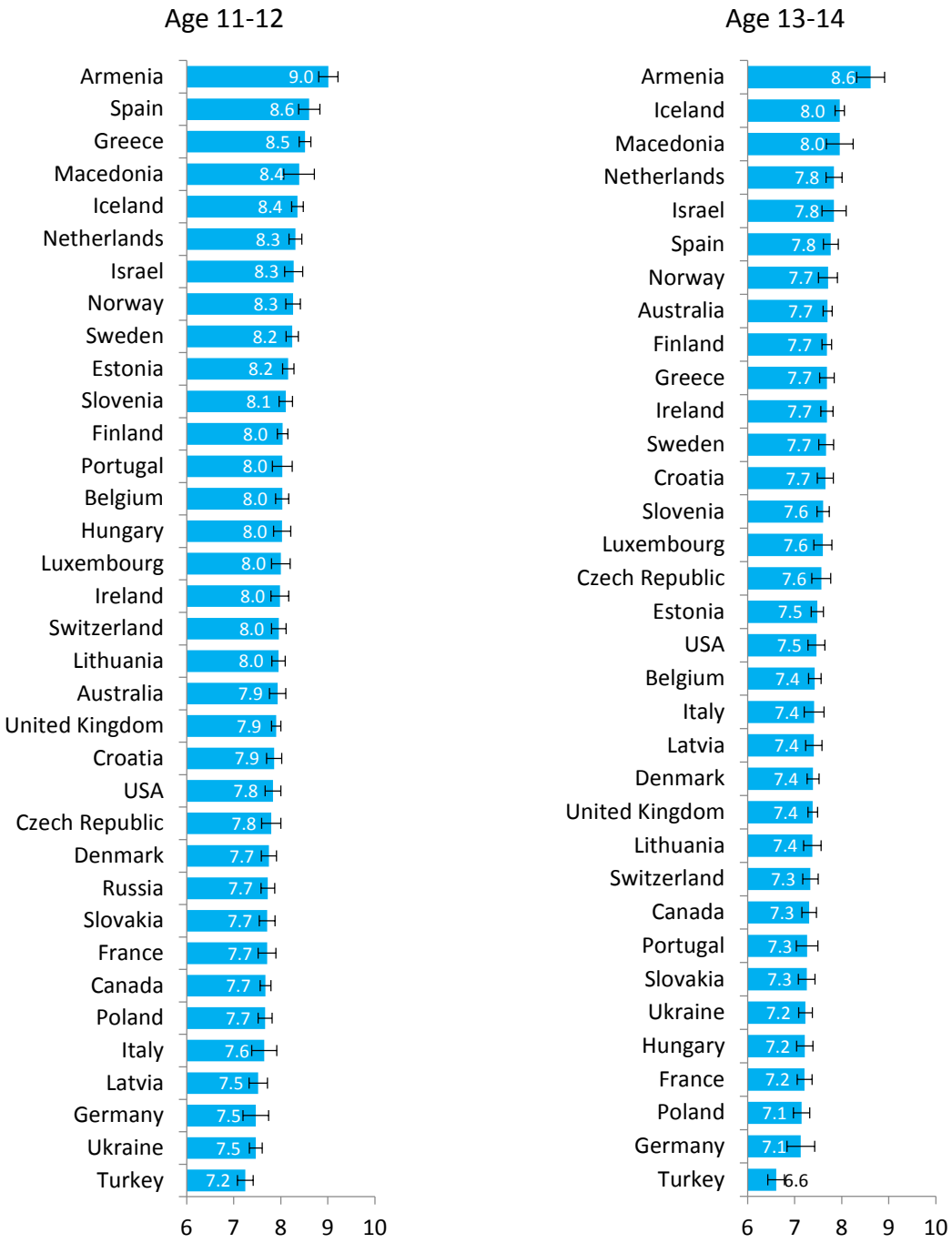
Question: Here is a picture of a ladder. The top of the ladder "10" is the best possible life for you and the bottom "0" is the worst possible life for you. In general, where on the ladder do you feel you stand at the moment?

	Score on the Cantril Ladder										
	Worst possible life	1	2	3	4	5	6	7	8	9	Best possible life
Year 4	0.5	0.4	0.5	0.7	1.5	8.4	7.5	12.8	22.4	23.1	22.3
Year 6	0.0	0.5	0.2	1.4	1.7	4.1	7.2	17.0	28.4	24.1	15.6
Year 8	0.3	0.1	0.2	1.1	2.8	6.2	8.0	20.2	28.3	20.2	12.7

Note: Percentages are weighted.

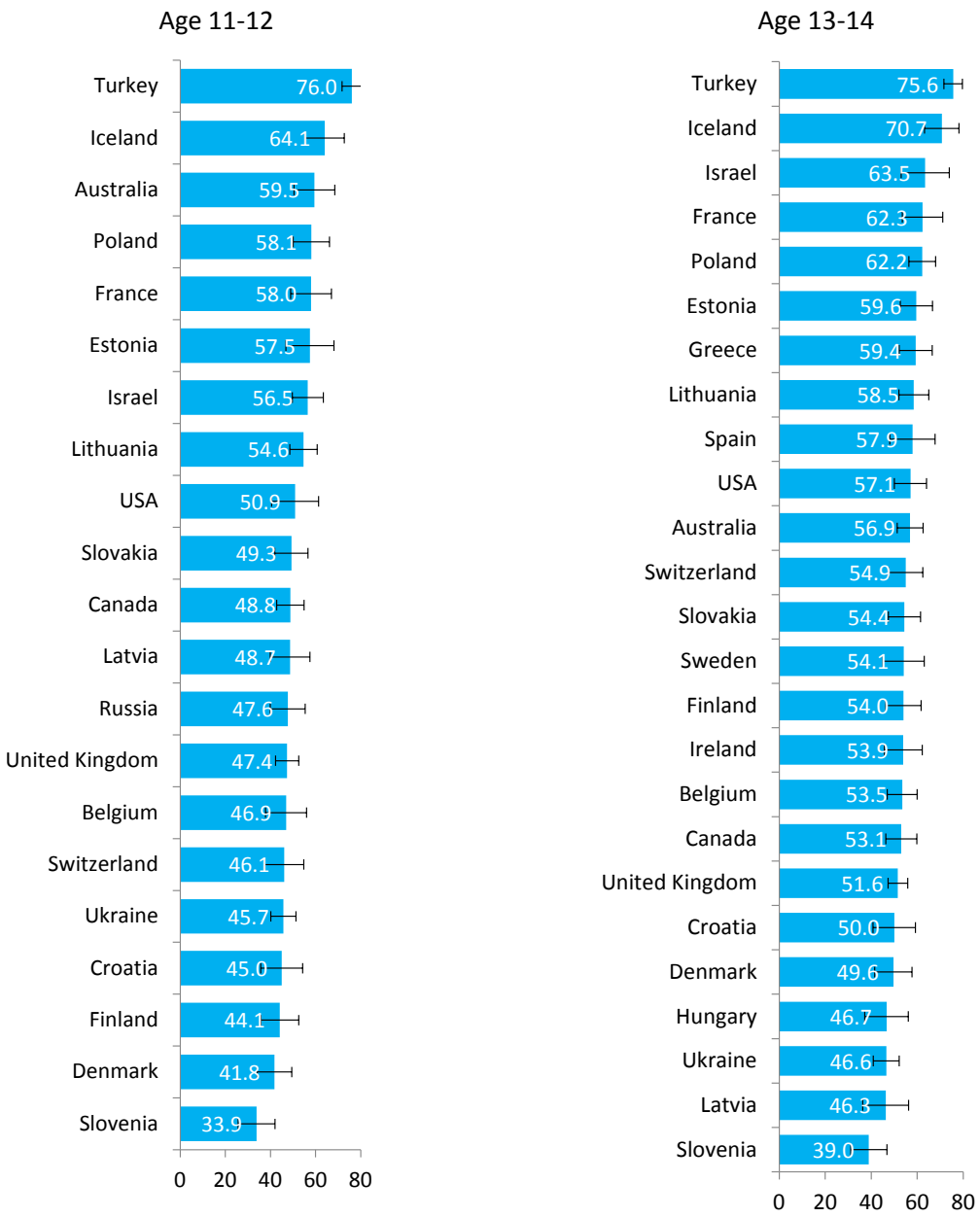
Figure 12.2 shows that compared with HBSC countries, Australia sits close to mid-table in terms of average Cantril ladder scores for 11-12 year olds, and somewhat higher on the league table for 13-14 year olds. On the other hand, Figure 12.3 shows that among those with a low Cantril ladder score (0-6), a relatively high proportion of younger Australian participants reported two or more health complaints at least weekly: Australia ranked third out of 35 countries among 11-12 year olds. However, among 13-14 year olds, Australia sits closer to the international average. Given the tentative nature of this international comparison, it is difficult to draw inferences from these findings. However, they point to an issue that may benefit from further analysis, and underline the importance of international comparison for understanding young people's wellbeing.

Figure 12.2: International comparison of score on the Cantril Ladder quality of life scale (mean score)



Data source: international data – HBSC. Australian data – ACWP. Percentages are weighted. Only countries and year groups with at least 200 observations with valid data are included in the analysis. Error bars represent 95% confidence intervals around estimates. HBSC sample is adjusted to give average ages of HBSC participants of 12.0 and 13.9 for the younger and older age groups, approximately equal to average age of Australian Year 6 and Year 8 students, respectively. Comparison between ACWP and HBSC data should be seen as indicative, given different methods of data collection between the two sources.

Figure 12.3: International comparison of participants with Cantril Ladder quality of life scale scores of six or less who report two or more health complaints (per cent)



Data source: international data – HBSC. Australian data – ACWP. Scores are weighted. Only countries and year groups with at least 100 observations with a Cantril score<6 and health symptoms data are included in the analysis. Error bars represent 95% confidence intervals around estimates. HBSC sample is adjusted to give average ages of HBSC participants of 12.0 and 13.9 for the younger and older age groups, approximately equal to average age of Australian Year 6 and Year 8 students, respectively. Comparison between ACWP and HBSC data should be seen as indicative, given different methods of data collection between the two sources. Health complaints are discussed in greater detail in Chapter 7.

Positive about the future

Being positive about the future was measured by a single item which was asked as part of the set of items on life satisfaction (see above), but was designed to be analysed separately.

Participants were asked to what extent they agreed or disagreed with the statement 'I feel positive about my future'. This item was included to measure optimism, which has been shown to correlate with a number of important outcomes in children and young people (Thomson, Schonert-Reichl and Oberle, 2014). As Table 12.3 shows, almost four in five participants either agreed or strongly agreed that they felt positive about their future. Year 6 participants were the more likely to strongly agree with the statement (51.4%), while Year 8 participants were most often indifferent ('neither agree nor disagree') when compared to the younger participants (Year 4: 6.7%; Year 6: 6.8%; Year 8: 10.8%). At all year levels, small proportions disagreed or strongly disagreed with feeling positive about their future a (Year 4: 3.3%; Year 6: 3.6%; Year 8: 4.6%).

Table 12.3: Positive about the future, by year level

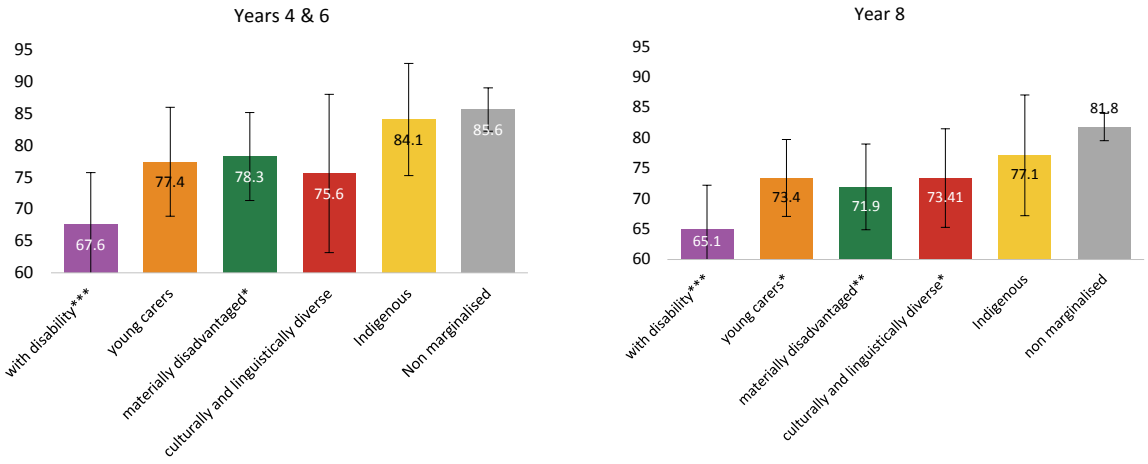
Question: I feel positive about my future

	Strongly disagree	Disagree	Neither agree nor disagree	Agree	Strongly Agree	Don't know
Year 4	1.1	2.2	6.7	37.6	42.6	9.8
Year 6	0.8	2.8	6.8	33.0	51.4	5.3
Year 8	1.4	3.2	10.8	38.9	39.6	6.2

Note: percentages are weighted.

However, proportions agreeing that they felt positive about their future varied among marginalised groups, and the non-marginalised. Among participants in Years 4 and 6, substantially lower shares of those with disability and those who are materially disadvantaged agreed with the statement, compared with those in the non-marginalised group. Among participants in Year 8, there were appreciable differences between young people with disability, young carers, materially disadvantaged participants and culturally and linguistically diverse participants, on the one hand, and non-marginalised participants on the other, in terms of agreement with this indicator of optimism. It is particularly notable that only 65% of the Year 8 participants with disability agreed with this question, compared with 82% of non-marginalised participants.

Figure 12.4: Marginalised and non-marginalised participants who report feeling positive about their future (per cent)



Note: percentages are for participants who agreed or strongly agreed with the statement 'I feel positive about my future', and are weighted. Error bars represent 95% confidence intervals around estimates. Asterisks next to labels on the horizontal axes denote a significant difference between the relevant marginalised group and the non-marginalised group. * p<0.05; ** p<0.01 *** p<0.001.

PART 3: DETAILED ANALYSES

Chapter 13 Affluence, Deprivation and Wellbeing

13.1 Key Findings

- The deprivation approach – applied here for the first time to measure poverty among children and young people in Australia – addresses many of the limitations of the conventional poverty line approach. Importantly, it utilises data provided by young people themselves to identify their deprivation status and what form it takes
- The three family items that most young people are missing out on are a bedroom of their own, a dishwasher and a family holiday away in the last year
- Very few young people lack the other family items examined here: a car, van or truck; a computer; a bathroom in the house; and money to put petrol in the car
- Between 11% and 14% of young people are missing out on at least 2 of the 7 identified family items
- In terms of child items, around one-in-five young people do not have access to money they can use to save each month
- Deprivation rates are also high at younger ages for two items: an IPod or other music player; and a mobile phone – although in both cases these rates are much lower among older (Year 8) young people
- Over one-quarter of those in Years 4 and 6 are deprived of at least 2 out of the 5 identified child items, although this falls to around 10% for those in Year 8
- The overall incidence of multiple child deprivation is more severe than multiple incidence of the (lack of) family affluence, but also displays greater variation by age
- If a combined measure is used, defined as not having at least one of the 7 family items and at least 2 of the 5 child items, then the deprivation rate among Years 4 and 6 is around 13% compared to 6% among those in Year 8. Across the sample as a whole, the combined deprivation rate is 11.1%
- The combined deprivation rate varies across different sub-groups of marginalised young people. It is highest at around 22% among young carers, is 20% among those from culturally and linguistically diverse backgrounds and 17% among those with a disability. For those in the non-marginalised group, the corresponding figure is 8%.
- Deprivation is also high among those living with only one parent (14%) and those living in a jobless household (24%)
- Mean levels of wellbeing and indicators of health status and school satisfaction differ across marginalised groups experiencing different degrees of deprivation. The comparisons reveal that the two marginalised groups that perform worse overall (compared with other marginalised groups and with non-marginalised young people) are those with a disability and young carers
- Similar comparisons reinforce the disadvantage experienced by young people living in jobless households, although the estimated differences in this case are somewhat less robust

- Although only exploratory at this stage, the results suggest that a deprivation measure should combine the absence of both family items and child items

13.2 Introduction

A key dimension of the well-being of young people relates to their material circumstances – or that of their family, broadly defined – since this will influence their ability to acquire the items and access the opportunities that will determine their long-term prospects. Although there are many ways in which material circumstances can be specified and measured, considerable attention has been paid to the poverty status of the family in which the young person is living (see Chapter 4). Poverty is conventionally conceptualised as existing when family income is not adequate to support an acceptable standard of living. A large number of studies have demonstrated that children who grow up in poor families experience a range of adverse outcomes in later life, although nearly all of these studies use information on variables such as family income to identify the poverty status of the family. This approach is not consistent with the child-centric approach used in this study because family income refers only to the monetary income of adult family members and is used to meet the assumed material needs of children and young people. One of the goals of the analysis reported in this chapter is to develop and apply a child-focused approach and ascertain whether it confirms some of the findings that these other studies have produced.

The standard approach to measuring child poverty (where 'child' is normally defined to include young people up to the age of 15) involves estimating the poverty status of the family or household by comparing its total disposable income (measured after taking account of any social benefits received and deducting any income taxes paid) with a poverty line threshold that represents how much is required to meet the basic needs of all household members. Such an approach is used by Australian research centres like the Social Policy Research Centre (SPRC) (Saunders, Wong and Bradbury, 2015), the Melbourne Institute (Wilkins, 2015, see Chapter 3), the National Centre for Social and Economic Modelling (Phillips, 2015) and the Bank West Curtin Economics Centre (Cassells, Dockery and Duncan, 2014) when they estimate the level and structure of Australian poverty. The same approach is used by international organisations like the OECD and UNICEF that monitor international trends in poverty, including among children (OECD, 2014a; UNICEF, 2014).

These studies *identify* poverty by estimating which families or households have incomes below the poverty line and then *measure* poverty using the headcount ratio that expresses the number of such families as a percentage of all families (or the percentage of children in poor families expressed as a percentage of all children). Although this kind of research is important in setting broad parameters around the level and composition of poverty and monitoring movements in the poverty rate, the approach has come under increasing criticism for focusing too much on a narrow conception of poverty that reflects a shortage of income. It has been argued that this perspective may overstate poverty because it ignores the role of other components of economic resources like wealth (including accumulated savings) that can be used to meet basic needs, or that it understates poverty by ignoring some of the specific needs that families must meet (like those associated with disability or care responsibilities).

In addition, the approach depends critically on where the poverty line is set and how well the equivalence scale captures the needs of different individuals, including children. In relation to this latter point, the conventional approach treats children as virtually invisible, appearing only as family members with assigned (and fixed) needs that represent a drain on family resources. Further, the approach treats the family as a single unit that shares its resources equally so that each individual in the family has the same poverty status: there is no scope for individuals within the family to differ in terms of how well they benefit from family income. This in turn means that the estimates of 'child poverty' in fact capture 'poverty among families with children' and can thus be equally accurately described as reflecting 'parental poverty'.

These limitations of the standard (income) approach to identifying and measuring poverty have become of increasing concern because of the limitations noted above, but also because the approach – and the estimates it produces – lacks credibility. This is because although low-income means that the family faces the *risk of poverty*, no evidence is presented that shows that they actually do *experience poverty*. Overcoming these limitations involves applying methods that address these empirical shortcomings and also adopting a broader perspective on the concept and meaning of poverty itself.

In relation to the latter, the approach used here is based on the definition of poverty proposed by Townsend (1979), who argued that:

> *Individuals, families and groups in the population can be said to be in poverty when they lack the resources to obtain the types of diet, participate in the activities and have the living conditions and amenities which are customary, or at least widely encouraged or approved, in the societies to which they belong. Their resources are so seriously below those commanded by the average individual or family that they are, in effect, excluded from ordinary living patterns and activities (Townsend, 1979: 31).*

This definition forms the basis of studies of relative deprivation that are used to identify those who are deprived of items that are regarded by a majority of the community as being necessary or essential 'for all'. The link to poverty is ensured by including as deprived only those who lack identified necessities because they cannot afford them, disregarding those who say that they do not want the items – since the exercise of choice implies that poverty does not exist.

The concept of deprivation is relative because the reliance on community views to identify which items (possession of material goods and participation in social activities) are necessary makes the list of items specific to a particular place at a particular point in time: which items are regarded as essential for Australians in 2016 will differ from what are seen as essential for Indonesia in 1990, but both lists will capture the same underlying idea: that the identified items represent what is needed in each place and at each time to achieve an standard of living that is deemed acceptable by, and consistent with, prevailing community norms and standards.

Since the concept of deprivation was first developed in the later 1970s by Townsend, its application has been incrementally refined in a series of subsequent studies, mainly by his collaborators and other researchers in Britain. The approach has now gained international

acceptance and is widely employed to identify where poverty exists and to complement the poverty line studies discussed above. Its most notable application has been in a series of 'Breadline Britain' studies that span the last three decades (Gordon and Pantazis, 1997; Gordon and Townsend, 2000; Mack and Lansley, 1985; Pantazis, Gordon and Levitas, 2006). The improved methods captured in these studies have seen an acceleration in the number of applications of the approach, which is now routinely applied by international agencies like the OECD, is incorporated into poverty reduction targets adopted by the EU and in countries like the UK and forms part of the broader global movement towards the development of a multidimensional poverty index (MPI) (see Alkire and Roche, 2011). The approach has been applied in Australia in two recent surveys (Saunders and Wong, 2012; Saunders, Naidoo and Griffiths, 2007) and a suite of questions about deprivation have been included for the first time in the 2014 wave of the *Household, Income and labour Dynamics in Australia* (HILDA) survey.

Since the deprivation approach explores directly whether or not people can afford to obtain items that are widely seen as 'customary, or at least widely encouraged or approved' it overcomes the problem with the poverty line approach that does not establish whether or not poverty is actually experienced, only that it might be. Another important feature of the approach is that while some of the items are designed to meet the needs of the family as a whole (e.g. the quality of housing; access to transportation; and family-level social activities like eating out together or going on holiday), other items meet the needs of specific individuals within the family, including children. This aspect makes it possible to examine the implied living standards and well-being of individuals as well as the family as a whole, and represents a move away from assuming that everyone achieves the same standard that is a feature of the poverty line approach.

In this context, it is now widely accepted in the wider literature that the living standards of individuals can vary within households (Cantillon, 2013; Cantillon and Nolan, 2001). While some household members may share important elements of living standards (such as the home itself, heat and light, and appliances such as washing machines, and televisions), there may be differentiation between household members in terms of other aspects, such as clothing, and engagement in activities outside of the home which may not necessarily involve all household members: for example, going to school or engaging in out-of-school activities in the case of children and young people (Middleton, Ashworth and Braithwaite, 1997). While these factors can apply at any standard of living (rich or poor), they have particular significance at low levels of living, where it is possible for individuals to be deprived when the family as a whole is not or vice versa – for non-deprived individuals to be living in deprived households.

Recent studies have demonstrated that the link between family deprivation and child deprivation is by no means direct and straightforward. Grødem (2008), for example, examines the relationship in Norway between family deprivation (measured in three dimensions using data provided by adults) and child deprivation (measured across the same three dimensions using information provided by children between 10 and 12 years of age). She finds that the evidence on whether parents and their children experience parallel levels of deprivation is 'mixed', with a positive relationship existing in relation to housing deprivation and ownership of basic goods (consumer deprivation), but that this latter relationship disappears as the number of children in the household increases. In the

Australian context Saunders (2015) has recently shown (using survey data provided by adults, including on the ownership and deprivation of items that meet children's needs) that a majority of deprived households (56%) are not deprived of any of five identified child items (Saunders, 2015: see Table 3.5).

This analysis reported in this chapter exploits these features of the deprivation approach and extends the analyses reported above, by drawing on the views expressed by young people themselves about their access to basic items, both in their own right and as members of their family more broadly. We follow the literature in distinguishing between the living standards of the family as a whole (referred to as the level of family affluence) and the standard of living experienced by young people themselves (referred to for convenience as the level of child deprivation). Both concepts are multidimensional and are best captured using indicators rather than measures to reflect the underlying lack of quantitative precision that is inherent to both. It is also important to acknowledge that the borderline between them can be drawn in different ways: the lack of a separate bedroom for older children, for example, is indicative of the level of affluence of the family, but also has a direct bearing on the living standards experienced by those young people who are forced to share with others, and the variable could be equally used to capture family affluence or child deprivation. The separation adopted below reflects how different items have been treated in the other studies that are now discussed.

13.3 Literature

The family affluence scale

The international Health Behaviour in School Aged Children (HBSC) study has been a leader in developing measures of family socio-economic status based on children's and young people's own reports. The rationale for the approach adopted appears to have been largely practical. Epidemiological studies show the importance of socio-economic status in health gradients, which suggests that when conducting studies of often risky health behaviours (for example relating to substance use or sexual behaviour) where young people themselves are the only reliable informants, it is important to collect information from young people on a range of socio-economic indicators. A standard internationally comparable measure of family socio-economic status, the Family Affluence Scale (FAS), has therefore been developed to address this need (Currie *et al.*, 2008; Currie *et al.*, 2012; Currie *et al.*, 1997).

The FAS is now widely used across a broad range of countries as a means of measuring socio-economic status among adolescent respondents to the HBSC (see for example Elgar *et al.*, 2013; Gaudineau *et al.*, 2010; Haug *et al.*, 2010; Levin and Currie, 2010). It was developed initially as a component of the Scottish HBSC, as a feasible means of measuring family socio-economic status in a survey where the main respondent was an adolescent aged 11-15 years (Currie *et al.*, 1997). In earlier versions of the HBSC, respondents were asked about their parents' education and occupation – two of the more 'traditional' means of measuring family socio-economic status. However, there was a high level of non-response among HBSC respondents to these questions. Therefore, in large part influenced by the work of Townsend (1979, 1987), a set of questions relating to material affluence and deprivation that adolescents might feasibly have knowledge of was developed.

The original four items relating to material affluence included in the 1990 Scottish HBSC were: number of telephones in the household; number of cars in the family; having an unshared bedroom; and respondent's weekly spending money, comprising either pocket money or money earned (Currie *et al.*, 1997). Information was also collected on parents' occupation. Response rates on the material affluence questions were high (at least 92%, compared with 75% for father's occupation). In order to ascertain the validity of the affluence measures as indicators of socio-economic status, responses were correlated with data (where available) on father's occupation, the results indicating that the phone, car and own bedroom indicators all correlated highly with father's occupation. In contrast, the own money indicator did not, suggesting that this represented a different dimension of adolescent socio-economic status (Currie *et al.*, 1997). The FAS (minus the indicator on own money) was thus adapted in subsequent waves of the HBSC, with further slight amendments over time.

The child deprivation scale

The Child Deprivation Scale (CDS) developed by Main and colleagues (Main, 2014a; Main and Bradshaw, 2012), is more centrally located in discourses on child rights, where children's own views on their family's material wellbeing are seen as intrinsically important (and not merely as a proxy for adult reports). However, it claims some common heritage with the FAS in that it too was influenced by Townsend's work on deprivation, as well as by the 'democratic' or consensual approach to measurement of deprivation originally proposed by Mack and Lansley (1985).Therefore, the CDS thus embodies Townsend's concern with living standards 'that goes beyond what can be measured using income alone' (Main, 2014a: 11)

Focus group discussions with children and young people were used to generate a list of 20 items that were defined as essential or important for: development towards adulthood; fitting in with other children; having fun; and building relationships. These items were included in a pilot survey of 303 pairs of parents and children (aged 11-16 years), carried out in the UK in 2010-11. Ten of the twenty items which were most strongly correlated with each other, and which were also associated with at least one of three validating factors were included in the final scale. The validating factors comprised parent-reported 'objective' household poverty and subjective poverty, and the proportion of young people who stated they lacked and wanted an item (as opposed to stating they lacked but did not want it). The items in the final ten-point aggregate deprivation scale were: pocket money; money to save each month; a pair of brand name trainers; a personal music player; cable or satellite TV at home; a garden at home; a family car; the right kind of clothes to fit in; at least one holiday away from home each year; and trips or days out with your family at least once a month. The scale therefore included some items that were likely to benefit the whole family (for example, cable TV, garden, holiday, car, days out) and others that more directly reflected the personal needs of children (for example, clothing, trainers, music player, pocket money and money to save).

The approach described above is becoming increasingly commonplace in studies that estimate child poverty in both high- and low-income countries. As Nandy and Main (2015) have recently argued:

> *Its strengths lie in the fact that it produces socially realistic, valid and reliable indicators of people's living standards, and that it can be used to assess the poverty of both adults and children…[and that]…Such information provides an ideal tool for policy makers, enabling them to develop and monitor interventions that will address poverty as it is understood by the society in which it is experienced (Nandy and Main, 2015: 1 and 4)*

Despite these formidable advantages, the growing popularity of the consensual approach to poverty measurement does not mean that studies based on income should be abandoned. Indeed, the concept of consistent poverty developed by Nolan and Whelan (1996) which combines evidence on both low-income and deprivation now attracts wide support for measuring multidimensional poverty among adults, as well as among children (Gordon and Nandy, 2012).

Material deprivation and wellbeing

As indicated above, the international literature on poverty and material disadvantage has in recent decades moved away from analysis of income poverty, and towards analysis of broader indicators of deprivation (and social exclusion). There has also, to some extent, been a shift away from analysis of economic disadvantage at the household level towards analysis at the level of the individual (Bennett, 2013). This shift has been influenced by feminist studies on poverty, which show that women often experience greater deprivation than their male partners (Cantillon, 2013; Cantillon and Nolan, 2001). It has been augmented with studies showing that children are sometimes poorer than their parents, and others which indicate that many parents buffer their children from the effects of poverty (Main, 2014a; Middleton *et al.*, 1997).

These developments raise a separate, but related, issue concerning who provides the information collected in the household surveys of circumstances and resources that are used to produce estimates of poverty and deprivation. While many surveys now ask all (adult) household members to provide information on ownership of, or access to specific goods and services that are seen as necessary for participation in society, it is still common for parents to be asked to provide information on their children's access to goods and services that are seen as important for children's social inclusion (Gordon, Levitas, Pantazis *et al.*, 2000; Main and Bradshaw, 2014a, 2014b).

The inclusion of children and young people as individuals *in their own right* in this stream of research has a somewhat ambiguous history. As the child indicators movement emphasises - and as a growing volume of both qualitative and quantitative research shows - children, as the foremost experts in their own lives, may have different views from their parents or other adults on a range of issues (Ben-Arieh, 2008). They may also perceive a given circumstance differently, either because its effects on them are different, or because they emphasise and feel those effects differently. However, in the space of material wellbeing, much effort has been expended on examining whether children can provide 'objective' accounts of their family's economic wellbeing – that is, accounts that match those of their parents.

Both the FAS and the CDS have been used as explanatory variables in a number of studies that analyse young people's subjective wellbeing. Klocke, Clair and Bradshaw (2014) use

HBSC data for 43 countries to show that subjective wellbeing, broadly defined as encompassing life satisfaction, relationships, education and health, is positively associated with a higher FAS, although this relationship may vary across countries. Levin, Torsheim, Vollebergh *et al.* (2011) use HBSC data for 35 countries to show that the relationship between the FAS and subjective wellbeing as measured by the Cantril Ladder (see below) is moderated by income inequality at a country level. Currie *et al.* (2012) show that affluence as measured by the FAS is positively associated with life satisfaction as measured by the Cantril Ladder across most OECD countries, but with differences between high and low affluence children tending to be greater among girls than among boys.

Main (2014a, 2014b) examines the relationship between her derived ten-point CDS and Huebner's Student Life Satisfaction Scale (SLSS; see below) adapted by Rees, Bradshaw, Goswami *et al.* (2010). She reports that children lacking 5 items on the deprivation scale are estimated to be over 5 points lower on the 20-point SLSS scale ($p<0.05$). The effect of living in a low income household (estimated on the basis of adult-reported family joblessness and the child receiving free school meals, a means tested welfare service in the UK), on the other hand, was found to be not statistically significant. Main (2014a: 227) concludes that this finding may point to a difference in the association between income poverty and subjective wellbeing (where findings are somewhat ambiguous – see Cummins, 2000; Knies, 2011; Rees, Bradshaw*, et al.*, 2010; Rees, Pople and Goswami, 2011), and between deprivation and subjective wellbeing, where deprivation scales are more direct measures of the impact of poverty on people's lives (Ringen, 1988). The present analysis seeks to further refine this question through examination of the associations between direct measures of young people's *family* and *individual* living standards on the one hand, and their subjective wellbeing on the other.

As Main (2014b) points out, evidence from qualitative studies suggests that perhaps we should expect to find a relationship between at least some aspects of child poverty and children's subjective wellbeing. Qualitative work suggests that while most children do not consider money to be important, the experience of exclusion that often accompanies material disadvantage is seen as a significant factor affecting how young people assess their lives (Redmond, 2009; Ridge, 2002; Skattebol, Hamilton, Skrzypiec *et al.*, 2013; Skattebol *et al.*, 2012). However, evidence, mainly from qualitative research, suggests that the extent to which children and young people are impacted by poverty across a number of domains may be related to the ability of parents to buffer them from its worst effects (Middleton *et al.*, 1997; Roker, 1998). For example, van der Hoek (2005) reports on how materially disadvantaged children in a Netherlands study talked about being buffered:

> *…they related to inexpensive but still successful holidays or talked about the times that they were taken out by a friend's parents, went to the cinema with their older brother or received presents from their father living away from home. For these children, the sharpest consequences of poverty seemed to be diminished to some extent (van der Hoek, 2005: 30)*

As noted above, Main's (2014a, 2014b) deprivation scale includes items that could be classed as relevant to the material wellbeing of the whole family, and items that are more directly relevant to the material wellbeing of the individual child. Below, we develop this idea further by deriving separate scales for family affluence (or more properly, the inverse

of family deprivation) and individual child deprivation, and by examining the associations of each with two measures of subjective wellbeing – the Cantril Ladder and the SLSS. Our main question is a refinement of that posed by Main (2014a, 2014b), specifically: how do direct estimates of family deprivation as measured by the Family Affluence Scale (FAS) compare with direct measures of child deprivation as measured by a version of the CDS in terms of their respective associations with subjective wellbeing?

Before that, we describe in detail how the FAS and CDS are derived and present information on what the CDS in particular reveals about the extent and nature of social disadvantage among young Australians, before going on to examine how each scale is related to the Cantril ladder and SLSS measures of wellbeing.

13.4 Methods and scale construction

The Family Affluence Scale (FAS)

As indicated in the earlier discussion, the components of the FAS scale were derived from questions included in different waves of the HBSC. In the 2001-02, 2004-05 and 2009-10 versions of that survey, all participating countries included the following four questions:

Does your family own a car, van or truck? (0=no; 1=one; 2=two or more)

Do you have your own bedroom for yourself (0=no; 1=yes)

During the past 12 months, how many times did you travel away on holiday with your family? (0=not at all; 1=once; 2=twice; 3=more than twice)

How many computers does your family own? (0=none; 1=one; 2=two; 3=more than two).[4]

The most recent HBSC, conducted in 2013-14, includes the following three additional items:

Does your family own a dishwasher (0=no; 1=yes)

How many bathrooms (rooms with a bath/shower) are in your home? (0=none; 1=one; 2=two; 3=three or more)

How many times did you and your family travel out of [insert country here] for a holiday/vacation last year? (0=not at all; 1=once; 2=twice; 3=more than twice)

Six of these seven questions were included in the ACWP survey - the question 'How many times did you and your family travel out of [insert country here] for a holiday/vacation last year?' was found to add very little information at the pilot stage, and so was dropped from the main survey. A seventh item was added to the list of family affluence indicators: whether or not the family can afford to put petrol in their car, which took two values 0 = no; 1 = yes.

These seven items all relate to family material wellbeing (although the question on whether the respondent had their own bedroom might be seen as relating to personal living standards and thus might be included in the CDS discussed below, although the original

[4] The indicator used in other chapters in this report to identify young people who are materially disadvantaged was derived from these four indicators. See Chapter 4.

intention of the question was as a proxy indicator of the size of the family home, which explains its inclusion in the FAS). The resulting responses to these seven questions were aggregated into a simple 14-point FAS, with a higher score indicating a higher level of family affluence (following the approach applied by Wild and Aleman-Diaz, 2014). It should be noted that this specification of the family affluence scale differs from that used in Chapter 4 when comparing the extent of material disadvantage in the ACWP sample with that implied by other measures and using other available survey data.

The Child Deprivation Scale (CDS)

The ACWP survey also included five questions developed from the work of Main (2014a) that relate specifically to the living standards of children. A number of items in Main's 10-item CDS essentially duplicate items in the FAS, and so were not included. Other items were added as a result of what young people revealed to be important to them during the qualitative phase of the project (see Chapter 2). The final five-item personal material wellbeing scale is thus based on responses to the following multi-part question: 'Here is a list of items that some young people of your age have. Please tell us whether you have each item on the list or whether you'd like to have it', where the question referred to the following five items:

An iPod or other personal music player

Some money that you can save each month, either in a bank or at home

The right kind of clothes to fit in with other people your age

My family has enough money for me to go on a school camp

Your own mobile phone

For each item, respondents could answer: (1) 'I have this', (2) 'I don't have this but would like it', (3) 'I don't have this and I don't want or need it'. In this analysis, in order to allow more direct comparison with the family living standards items and hence with the FAS, the responses were re-coded as binary: (0) I have this item; (1) I do not have this item. These adjusted responses were aggregated to produce an overall measure of child deprivation ranging between 0 and 5, and combined to derive estimates of the depth or severity of deprivation by calculating the multiple incidence of deprivation among different groups of young people. (It is worth noting here that in the Australian context practically all schools have a school camp program for students in Year 4 and upwards. In most cases, parents are expected to contribute towards the cost of the school camp; in some cases, schools subsidise the costs of disadvantaged students.)

We use two wellbeing scales in the analysis (they are also discussed in Chapter 12). The Cantril Ladder (Cantril, 1965) comprises an eleven point scale, or ladder, where respondents are asked to place themselves according to their evaluation of their life as a whole. It was originally designed as a measure of general life satisfaction in adults, but is now also widely used in surveys of children and young people, including the HBSC. Research has found Cantril scores to be associated with socio-economic status (Bradshaw, Martorano, Natali *et al.*, 2013; Ravens-Sieberer *et al.*, 2009) as well as with other measures and domains of wellbeing (Levin and Currie, 2014).

The Student Life Satisfaction Scale (Huebner, 1991) is designed to measure global life satisfaction among children and young people from around the age of eight. Items included in the scale are designed so that children evaluate their lives as a whole, without reference to any specific domains (Dew and Huebner, 1994; Huebner, 1991). The SLSS has been widely used in research on children's wellbeing, and some analyses have found a significant relationship between the SLSS and socio-economic status (Dew and Huebner, 1994). In her analysis of UK data, Main (2014a) shows that the SLSS has a weak relationship with indicators of income poverty, but a stronger relationship with indicators of deprivation. In this analysis we use a version of the SLSS derived by Rees, Bradshaw*, et al.* (2010), where respondents respond to the following five items on a five point scale from 'strongly agree' to 'strongly disagree': (1) My life is going well; (2) My life is just right; (3) I wish I had a different kind of life; (4) I have a good life; and (5) I have what I want in life. Responses were then aggregated to produce a scale ranging from 0 to 20. The SLSS showed an acceptable level of reliability with a Cronbach Alpha score of 0.84.

13.5 Findings

We begin by showing summary information about the FAS and CDS described above in Tables 12.1 – 12.2 and Tables 12.3 – 12.4, respectively. Results for Years 4 and 6 have been aggregated together because of small sample size (and the lack of any theoretical rationale to expect any differences between these two age groups) and all derived results (e.g. on incidence rates) have been weighted by applying the weights described in Chapter 4. We show confidence intervals (CIs) for the main estimates based on the weighted data, although we have also calculated CIs based on the unweighted data. These generally produce the same conclusions, although any notable differences are indicated when those results are discussed.

In relation to FAS, Table 13.1 indicates that the percentages of children that lack 3 of the 7 family items are far higher than for the remaining 4 items: the 3 items that young people are most likely to miss out on are: having their own bedroom; having a dishwasher in the family home; and having a family holiday away at least once over the last year. Of these 3 items, the percentage missing out is highest (at around 25% across all years) for the dishwasher, with the ordering of the remaining 2 items varying across the school years. The percentage lacking their own bedroom is notably higher (21.9%) among the younger age group than among older group (13.7%), with roughly equal percentages of both groups (around 15%) missing out on the family holiday away. The percentages lacking each of the remaining 4 items are low – generally below 2% and are slightly higher (except for the family car) among the younger age group although these differences are small and not much significance should be attached to them.

Table 13.1: Children who do not have family items by school year

	Years 4 & 6			Year 8		
	n	%	95% CI	n	%	95% CI
Car	55	1.6	0.8 – 3.0	39	2.2	1.3 – 3.7
Petrol	73	2.1	1.4 – 3.0	21	1.2	0.8 – 1.9
Own bedroom	776	21.9	18.0 – 26.4	244	13.7	11.2 – 16.7
Dishwasher	572	25.1	18.0 – 33.8	578	25.4	21.6 – 29.6
Holiday	501	14.2	10.7 – 18.6	284	16.0	13.2 – 19.3
Computer	49	1.4	0.8 –2.3	18	1.1	0.6 – 1.9
Bathroom	10	0.5	0.2 – 1.3	5	0.2	0.1 – 0.5

Note: sample sizes are unweighted, percentages weighted

Table 13.2 shows the incidence of multiple family deprivation, measured by the percentage of young people in families that lack multiple combinations of the 7 items listed in Table 13.1 and the final row shows the mean values of FAS, derived as a weighted sum of the percentages lacking the different combinations of items. Around 60% of young people do not lack any of the identified family affluence items and very few young people lack 3 or more items. The percentages that are missing out on at least 2 items - 10.6% of those in Years 4 & 6 and 13.7% of those in Year 8 indicates that a sizeable proportion of younger Australians are missing out on more than one item that many would see as meeting basic material and social needs.

Table 13.2: Multiple incidence of family deprivation by school year

	Years 4 & 6			Year 8		
	n	%	95% CI	n	%	95% CI
0	923	60.4	52.5 – 67.8	2,259	59.0	53.9 – 63.9
1 or more	605	39.6	32.2 – 47.5	1,569	41.0	36.1 – 46.1
2 or more	162	10.6	8.0 – 13.9	526	13.7	10.8 – 17.3
3 or more	38	2.5	1.6 – 3.8	137	3.6	2.5 –5.0
4 or more	5	0.3	0.1 – 0.9	30	0.8	0.5 – 1.3
5 or more	3	0.2	0.0 – 0.7	3	0.1	0.0 – 0.3
Mean FAS Index Score	1,528	0.53	0.42 – 0.64	3,828	0.59	0.50 – 0.68

Note: sample sizes are unweighted, percentages weighted. The incidence of those lacking all 6 items is zero for both age groups and this has been removed from the table

Table 13.3 and Table 13.4 present similar information to that contained in Table 13.1 and Table 13.2, although the focus is now on those who lack each of (and multiple combinations of) the 5 child items described earlier. The patterns of differences across the items and by age (school year) are more substantial than those that apply to the family affluence items and it is thus harder to describe the overall patterns so succinctly. The one figure that stands out most starkly is the very high percentage of the younger age group (48.6%) who do not have a mobile phone although it is not possible to determine whether this reflects a lack of affordability, or because children are not seen as old or independent enough by their parents to be given their own mobile phone. The fact that the figure declines by three-quarters to 12.9% for those in Year 8 suggests that this latter effect is paramount although it

is also possible that economic factors may play a role for many in the older category (who are more likely to have income of their own).

Table 13.3: Children who are deprived of child items by school year

	Years 4 & 6			Year 8		
	n	%	95% CI	n	%	95% CI
iPod	574	16.3	13.1 – 20.0	103	5.8	4.7 – 7.1
Money	716	20.4	16.8 – 24.6	344	19.3	17.7 – 21.2
Clothes	230	6.6	5.1 –8.4	106	5.9	4.9 – 7.2
School camp	381	10.9	8.3 – 14.1	89	5.0	3.9 – 6.4
Mobile phone	1,702	48.6	42.8 – 54.4	229	12.9	10.5 – 15.8

Note: sample sizes are unweighted, percentages weighted

Similar arguments can also be made about the age differences in those who lack an iPod or participate in a school camp, although other (and different) factors may also be at play here. Around one-in-five of both age groups lack access to their own money that they can save and the fact that this does not decline with age suggests that it may reflect economic constraints acting at the family level as opposed to differing views among parents about how capable young people of different ages are to be able to handle their own money (since the latter argument suggest that the percentage lacking should decline with age). What seems clear is that even among the older group, the capacity to make their own economic decisions by accumulating savings is limited and not available to a substantial proportion of young people. Finally, around 6% (one-in-sixteen) of both age groups lack the right kind of clothes they need to fit in with others of their age. Since it is likely that the ownership of such clothes is seen as a high priority among all young people, those unable to obtain this item may be constrained from doing so by a lack of the necessary economic resources.

The estimated incidence of multiple child deprivation differentiated by age shown in Table 13.4 reveal that child deprivation is more severe than the (lack of) family affluence captured by the estimates in Table 13.2, but also displays much greater variation by age. Thus, while just over one-third of those in Years 4 & 6 lack none of the 5 items, almost two-thirds of those in Year 8 do so. This difference means that the incidence of those lacking at least one item is almost twice as high among the younger age group (63.8%) than among the older group (34.6%) – although a great deal of this difference is due to the lack of ownership of a mobile phone among the younger group. This age difference is apparent across all levels of deprivation severity, with the percentage lacking at least 2 items and at least 3 items being about two and a half times higher among the younger age group than among those in Year 8. These differences are reflected in the mean index scores shown in the final row of Table 13.4, which are far higher than the corresponding mean FAS scores in Table 13.2, although the lack of access to a mobile phone among the younger group again explains a large part of the observed difference.

Table 13.4: Multiple incidences of child deprivation by school year

	Years 4 & 6			Year 8		
	n	%	95% CI	n	%	95% CI
0	550	36.2	31.4 – 41.2	2,496	65.4	62.2 – 68.5
1 or more	971	63.8	58.8 – 68.6	1,319	34.6	31.5 – 37.8
2 or more	400	26.3	22.2 – 30.9	376	9.9	8.2 –11.8
3 or more	121	8.0	5.8 –11.0	128	3.4	2.5 –4.4
4 or more	31	2.0	1.2 –3.3	30	0.8	0.4 –1.4
5	7	0.4	0.2 –1.2	8	0.2	0.1 –0.6
Mean CDS Index Score	1,521	1.01	0.90 – 1.11	3,815	0.49	0.44 – 0.54

Note: sample sizes are unweighted, percentages weighted

It is of interest to compare the results presented so far with those produced by a recent study of deprivation in Australia that is based on information provided by adults. The study includes adults' views on whether or not child items are essential 'for all Australians – things that no-one in Australia should have to go without today' and asked participants whether or not they have each of these items. As Saunders and Wong (2012) indicate the standard approach used to identify deprivation involves classifying as deprived only those who do not have items that are seen as essential by at least 50% of (adult members of) the community *and* say that this is because they cannot afford these items. This is a more restrictive definition that that used in here, which only considers whether young people have or don't have each item and does not explore the reasons for any lack. Even so, it is of interest to compare the findings, to the extent that this is possible given the differences in how the items themselves are specified in the two studies.

Saunders and Wong (2012: Table 5.1) present deprivation rates (do not have and cannot afford) in 2010 for three items that broadly correspond to those examined here. These items are (with estimated deprivation rates among households with children aged under-15 shown in brackets): children can participate in school activities and outings (4.3%); up to date schoolbooks and new school clothes (4.7%); and a week's holiday away from home each year (24.8%). The corresponding 'deprivation' rates estimated here for the Year 8 group are 5.9%, 5.0% and 16.0%. Although imperfect, these comparisons indicate that it does matter whose views are used to establish whether or not households lack or are deprived of items that meet the needs of children (directly or indirectly). This is particularly the case in relation to the 'holiday' item, where far fewer young people report lacking the item than adults report not being able to afford it – and the former percentage would, of course, be even lower if the affordability condition was also applied.

Table 13.5 explores the relationship between the item-specific deprivation rates presented above and the overall level of deprivation experienced by young people – where the latter is measured using the CDS index score already discussed. The results indicate the mean level of the CDS for those missing out on each of the 5 items that are used in its construction. These results provide an insight into the lack of which items best explains the overall level of deprivation experienced and thus contribute to a better understanding of the nature of the issue. The pattern is similar for both age groups so only those for the Year 8 group are discussed in detail. These indicate that young people who lack the clothes and school camp items are most deprived overall, followed closely by those who lack the iPod. There is then a

large gap before the final two items, the money for savings and mobile phone. These results thus suggest that the lack of the first three items serve as better proxies for the overall level of deprivation experienced, with the lack of the latter two arising from other (possibly non-economic, or affordability) reasons.

Table 13.5: Child deprivation scale (CDS) by children deprived of each item

	Years 4 & 6			Year 8		
	n	Mean	95% CI	n	Mean	95% CI
iPod	239	2.31	2.11 – 2.50	207	2.12	1.89 – 2.35
Money	304	2.23	2.10 – 2.36	723	1.61	1.49 – 1.73
Clothes	96	2.40	2.04 – 2.76	235	2.13	1.88 – 2.39
School camp	143	2.40	2.23 – 2.58	182	2.13	1.89 – 2.38
Mobile phone	681	1.65	1.52 – 1.77	460	1.69	1.54 – 1.85

Note: sample sizes are unweighted, means weighted

Table 13.6 reports the findings produced when a similar analysis is performed on the 7 family affluence scale items. Again, the pattern is similar for both age groups, although the mean deprivation (reverse affluence) scores are all much lower here and the between-item differences much smaller than for the child items considered in Table 13.5. Even so, the item that stands out for both age groups as having the highest overall deprivation score among those who lack it is the school camp, which indicates that those who lack this item face a higher level of deprivation than those who lack each of the other items. Following the logic developed above, this result suggests that this item is a good indicator of the overall (lack of) affluence of the family and is thus a good predictor of the level of deprivation or hardship experienced by its younger members.

Table 13.6: Family affluence scale (FAS) by children deprived of each item

	Years 4 & 6			Year 8		
	n	Mean	95% CI	n	Mean	95% CI
iPod	239	0.70	0.53 – 0.87	207	0.92	0.73 – 1.10
Money	304	0.71	0.51 – 0.91	721	0.86	0.72 – 1.00
Clothes	96	0.71	0.50 – 0.92	234	0.86	0.65 – 1.06
School camp	143	0.79	0.62 – 0.97	182	1.30	1.04 – 1.55
Mobile phone	680	0.60	0.46 – 0.73	460	0.80	0.59 – 1.01

Note: sample sizes are unweighted and means are weighted

One of the reasons that other studies have examined deprivation rates among families and the children within them has been to develop alternative ways of identifying poverty among these groups. As indicated earlier in this chapter, this strand of research has been receiving increasing attention internationally because it provides more compelling results about the extent of poverty that reflect the living standards actually experienced and reflects community views about what constitutes poverty (defined in relation to not having or being able to afford basic items that meet essential needs). Some researchers have taken this approach further by seeking to establish whether or not there is a threshold that can be used to derive an overall deprivation rate – defined as the percentage of families or children who fall below it – that corresponds to the conventional (headcount) poverty rate.

Of course, one does not need to establish that a threshold exists in order to derive a deprivation rate, since one can always set the threshold at a specific level and explore how sensitive the results are to where it is set. This latter approach can be criticised for being arbitrary, but while this is a valid limitation it also applies to the setting of conventional poverty lines (which are normally fixed at a percentage of median income). Many studies now accept the criticisms levelled by Piachaud (1981) at Townsend's original (1979) attempt to identify a deprivation threshold as the basis for a new poverty line and thus use an arbitrary deprivation threshold whilst acknowledging its limitations (However, note recent attempts by Saunders *et al.* (2007: see Figure 7) and Saunders, Wong and Wong (2014: see Figure 3), to identify a deprivation threshold in Australia and Hong Kong, respectively).

Table 13.7 illustrates the outcomes produced when setting thresholds using the multiple deprivation results presented here (in Table 13.2 and Table 13.4). Three alternative approaches are examined, based on the FAS and CDS results in isolation, and on a combination of them. Which approach is used has a large impact on the results produced – not only in terms of the estimated level of deprivation, but also in relation to how it differs between the two age groups.

Deprivation is higher overall if its identification is based on a lack of at least one of the family affluence items than if it is based on lacking at least two of the child items. However, the difference in deprivation rates between Years 4 and 6s on the one hand, and Year 8s on the other, are greater if the lack of the child items is used to set the threshold. The combined approach embodies information on items that reflect both the direct needs of young people and the indirect impact of items that meet the broader needs of the family as a whole (in both cases, as identified by the young people themselves). On this measure – shown in the final row of Table 13.7– the deprivation rate among Years 4 and 6 is 13.5%, but this falls by more than half to 6.3% among those in Year 8.

Over all year levels, just over 40% are deprived of at least one family item, 21% are deprived of at least 2 child items, and one-in-nine young people (11.1%: CI 9.0 – 13.7) are deprived using the combined measure. This figure is very close to the 10-14 year old poverty rate (before housing costs) of 11.6% estimated in Chapter 4 using data from the ABS SIH but above the 9-14 poverty rate of 9.8% estimated using data from the HILDA survey.

The fact that, for both the disaggregated and aggregate analyses, these 'overlap' percentages based on the combined measure are well below the percentages identified as deprived using either the FAS or CDS indicators separately, indicates that many young people who are identified as deprived on one measure are not so identified on the other. Put differently, family affluence and child deprivation capture different elements of advantage and disadvantage among young people (and their families) and the choice of which is used to capture the extent of disadvantage will have an important impact on the extent of the problem and who is most affected by it. The fact that these differences exist provides a rationale for preferring a combined measure.

Table 13.7: Estimated deprivation rates using thresholds based on child and family items

	Years 4 & 6			Year 8		
	n	%	95% CI	n	%	95% CI
1 or more family items	605	39.6	32.2 - 47.5	1,569	41.0	36.1 - 46.1
2 or more child items	400	26.3	22.2 - 30.9	376	9.9	8.2 - 11.8
Both of the above	205	13.5	10.6 - 17.1	240	6.3	4.9 - 8.1

Note: sample sizes are unweighted, percentages weighted

We now examine and compare results presented in aggregate above for sub-groups of the full sample differentiated not by school year/age but across the marginalised groups that were identified earlier: young people with a disability; young carers; young people form culturally and linguistically diverse groups; and Indigenous young people. It is important to note that these marginalised groups have each been identified separately, so that some individuals may belong to one or more groups and, in some cases these overlaps may be high. The numbers belonging to some of these sub-groups are also low, making the estimates subject to large sampling error, and this should be borne in mind when comparing between the different groups. Small sample size also prevents any meaningful analysis within the identified sub-groups (e.g. of sub-group membership by age) and the focus is thus restricted to the aggregate between-group comparisons. We also make comparisons of these groups with young people who do not fall into any of the marginalised group categories, otherwise known as the 'non-marginalised' group. It is important to refer to Section 3.7 of this report in interpreting data on statistical significance between marginalised and non-marginalised groups.

Table 13.8 compares levels of deprivation between the marginalised sub-groups using the measures developed above, i.e. the mean index scores and the percentages below the different thresholds. As before, the variation across the different groups is higher for the CDS-based measures than for the FAS-based measures and in some instances there is relatively little variation in the latter. The two groups that show up as experiencing the lowest levels of deprivation are young people from a culturally and linguistically diverse background and young carers. Culturally and linguistically diverse young people are on average the most disadvantaged with respect to the child-deprivation scale, while young carers are on average most disadvantaged using the family affluence scale.

Table 13.8: Family affluence scale (FAS) and child deprivation scale (CDS) by marginalised groups

	Young people with a disability		Young carers		Culturally and linguistically diverse		Indigenous young people		Non-Marginalised	
FAS and CDS index scores	n	Mean	n	Mean	n	Mean	n	Mean	n	Mean
Family affluence scale (FAS)	568	0.69***	481	0.86***	419	0.79***	239	0.89***	3,851	0.46
Child deprivation scale (CDS)	560	1.03**	477	1.08**	415	1.19***	235	0.94	3,843	0.73
Deprivation levels	n	%	n	%	n	%	n	%	n	%
2 or more child items	165	29.5**	142	29.9	145	35.0***	51	21.8	641	16.7
1 or more family items	271	47.7**	298	61.9***	231	55.2***	134	56.0***	1,319	34.2
Both of the above	97	17.4*	107	22.5**	81	19.6*	22.0	9.3	309	8.1

Note: sample sizes are unweighted, means weighted. *p <.05; **p <.01; ***p <.001; differences between sub-groups and non-marginalised group

Table 13.9 repeats the comparisons presented in Table 13.8, this time focusing not on the characteristics of the young people themselves, but on selected characteristics of the household in which they are living. Binary comparisons are presented according to whether the young person lives in one or two homes, is living with both or one parent, and is living in a household containing at least one employed person or in a jobless household. The differences according to the number of homes are relatively small, whereas those between young people living with both parents and only one parent are greater – with those in lone parent households always higher. However, the highest levels of deprivation relate not to the number of parents present in the household, but the number of people in the household with a job. Young people living in jobless households experience the highest level of deprivation on all five measures, with a level that is between two and three times higher than the lowest level recorded (among those who are living with both parents). The impact of joblessness on deprivation among young people is illustrated dramatically by comparing their measures with those for others living with at least one employed person.

Table 13.9: Family affluence scale (FAS) and child deprivation scale (CDS) by living arrangement and joblessness

	Lives in one home		Lives in two homes		Lives with both parents		Lives with only one parent		Not living in jobless household		Living in jobless household	
FAS and CDS index scores	n	Mean	n	Mean	n	Mean	n	Mean	n	Mean	n	Mean
Family affluence scale (FAS)	4,232	0.59	399	0.60	3,686	0.52	900	0.76***	5,097	0.53	120	1.22***
Child deprivation scale (CDS)	4,217	0.70	399	0.76	3,672	0.66	900	0.85*	5,082	0.82	118	1.08
Deprivation levels	n	%	n	%	n	%	n	%	n	%	n	%
2 or more child items	676	16.0	72	18.1	535	14.6	200	22.3*	1,028	20.2	35	29.6
1 or more family items	1,731	40.9	169	42.5	1,399	38.0	455	50.6***	1,966	38.6	89	74.5***
Both of the above	395	9.4	50	12.6	307	8.4	127	14.2*	530	10.5	29	24.5***

Note: sample sizes are unweighted, means weighted. *p <.05; **p <.01; ***p <.001; differences between sub-groups

Finally, we examine the relationship between levels of deprivation and the two general indicators of wellbeing discussed earlier in this chapter - the Cantril ladder, the Student Life Satisfaction Scale (SLSS), and with the two other indicators of specific dimensions of wellbeing introduced earlier - the health symptoms score/load described in Chapter 15 and the school satisfaction scale described in Chapter 9. Mean scores of these four indicators are compared across the marginalised groups of young people and across households with different characteristics in Table 13.10 and Table 13.11, respectively.

Table 13.10 shows that among all young people who are deprived of two or more child items, one or more family items or both of these, Indigenous young people score highest in terms of their wellbeing using the Cantril Ladder, followed by young people in the non-marginalised group. Cantril scores are lowest on average among young people with a disability and young carers. With respect to the SLSS, young people in the non-marginalised group mostly score the highest in terms of wellbeing, with young people in the marginalised groups, especially young people with disability and young carers, trailing some way behind. This suggests that in terms of both life satisfaction measures, young people with a disability and young carers in particular experience an appreciable 'material disadvantage' deficit.

This deficit is even more apparent with respect to health symptom load. While young people in all marginalised groups have higher symptom load compared with materially disadvantaged young people who are not in these groups, differences are again notably largest for young people with disability and young carers. The school satisfaction indicator, on the other hand, is highest among young people from culturally and linguistically diverse backgrounds and lowest among those with a disability and Indigenous young people –

although the between-group differences are generally small and difficult to interpret or attach any meaning to.

Table 13.10: Wellbeing outcomes by deprivation level among marginalised groups

	Young people with disability	Young carers	Culturally and linguistically diverse	Indigenous young people	Non-Marginalised
Cantril ladder (0 – 10 scale; higher --> more satisfied):					
2 or more child items	6.44***	6.73**	7.26	7.56	7.54
1 or more family items	6.93***	7.28	7.54	8.45*	7.77
Both of the above	5.73***	6.51**	6.81	7.46	7.39
Student Life Satisfaction Scale (SLSS) (0 – 20 scale; higher --> more satisfied):					
2 or more child items	11.01***	12.11**	13.14*	12.47**	14.44
1 or more family items	12.05***	13.51***	13.39***	15.35	15.25
Both of the above	10.59***	12.47*	12.30*	12.73	14.28
Health symptom load (0 – 32; higher --> more complaints):					
2 or more child items	14.29**	13.83***	10.91	13.00*	8.64
1 or more family items	12.06***	10.15*	7.57	8.52	8.07
Both of the above	12.95	13.04*	10.40	11.82	9.38
School satisfaction scale (0-18; higher --> more satisfied)					
2 or more child items	10.83*	11.96	12.88	10.71*	12.58
1 or more family items	11.63	11.21*	12.10	12.87	12.38
Both of the above	11.32	11.48	12.36	10.22*	12.64

Note: means are weighted. *p <.05; **p <.01; ***p <.001; differences between sub-groups and non-marginalised group

Table 13.11 examines differences in the same four wellbeing indicators by the characteristics of the households in which young people are living. The differences here are more pronounced than those in Table 12.10, although they are less well-determined, making it more difficult to draw any implications or conclusions. Overall, the group that shows up as having the highest level of wellbeing across three of the four wellbeing indicators in Table 12.11 is young people living with both parents, while the group with the lowest level of wellbeing when measured using all four indicators is those who are living in two homes (where there are notable differences with those in the non-marginalised group). With respect to the impact of employment, the situation is more ambiguous. Young people living in jobless households have higher levels of life satisfaction (according to both Cantril and SLSS measures) than young people living in households where someone is employed, but fare worse when compared using the health symptom load and school satisfaction indicators. This finding needs further investigation, as it may suggest a relationship between two important indicators of poverty (membership of a marginalised group and living in a jobless household) and key health an education outcomes that are of policy significance.

Table 13.11: Wellbeing outcomes by deprivation level and household characteristics

	Household and living arrangements				Employment	
	Lives in one home	Lives in two homes	Lives with both parents	Lives with one parent	Not living in jobless household	Lives in jobless household
Cantril ladder (0 – 10 scale; higher --> more satisfied):						
2 or more child items	7.26	6.16***	7.34	6.87	6.36	7.35**
1 or more family items	7.72	6.96**	7.79	7.33*	7.08	7.70
Both of the above	7.14	5.86***	7.20	6.74	6.50	7.09
Student Life Satisfaction Scale (SLSS) (0 – 20 scale; higher --> more satisfied):						
2 or more child items	13.61	11.32**	13.84	12.59	12.04	13.67
1 or more family items	14.92	13.05**	15.03	14.18	12.92	14.80**
Both of the above	13.55	10.95*	13.68	12.75	12.15	13.40
Health symptom load (0 – 32; higher --> more complaints):						
2 or more child items	10.67	14.73*	10.52	12.05	9.89	13.04**
1 or more family items	8.65	11.42*	8.83	8.89	8.43	8.22
Both of the above	10.23	16.15*	10.46	11.59	9.88	12.35*
School satisfaction scale (0-18; higher --> more satisfied)						
2 or more child items	11.66	9.63**	11.97	10.34**	12.22	11.30
1 or more family items	11.83	10.68	11.90	11.39	12.35	10.41
Both of the above	11.52	9.18*	12.04	9.50**	12.26	10.79

Note: means are weighted. *p <.05; **p <.01; ***p <.001; differences between sub-groups and non-marginalised group

13.6 Conclusion

This chapter has drawn on recent developments in the international poverty literature to present a range of evidence relating to the deprivation status of young people in Australia. Although a range of measures have been employed, they all share one important characteristic: the information used to develop and apply them has been provided by the young people themselves, not by adults on their behalf. This approach reflects the human rights perspective that underlies this project but also reflects what is fast becoming 'best practice' internationally when it comes to measuring child poverty. This approach is being extended in work currently underway in leading international agencies like UNICEF and the OECD and is now widely used by academic researchers interested in measuring child poverty and better understanding its cause and consequences.

This is the first systematic attempt to apply the deprivation approach to measure child poverty in Australia. The methods employed and results produced are intended to stimulate others to build on what we have done by refining the approach and developing better applications. The important feature of the approach outlined here is that it builds on what children and young people themselves think constitutes poverty, not on what others (generally parents) think. Although many of the measures used here are rather rudimentary, further research designed to collect better data has the potential to greatly improve the

robustness of the results and thereby raise the extent of our understanding. Huge strides have been taken in the literature on adult deprivation over the last three decades and although the application of these methods to children and young people is still at a relatively early stage, it promises much for the future.

In terms of the main findings, it is clear that the results allow us to better understand the nature of deprivation in Australia and its impact on young people. On the basis of our preferred measure (which includes items that meet both family needs and the needs of young people), we estimate that one-in-nine (11.1%) of young Australians are deprived. Such overall measures provide an important perspective on the magnitude of the problem but the breakdowns by item and sub-group (although often subject to the limitations associated with small samples) reveal a more nuanced picture that highlights which groups are most affected, and in what ways. One important general finding is that the variations in deprivation among young people can be explained by factors that relate to features of the households in which they are living (with both or only one parent and with others who are with or without a paid job), as well as by factors that are often used in social analysis to differentiate between different groups of young people (like disability or Indigenous status).

Other chapters in the report employ the concept of material disadvantage to further examine differences in young people's socioeconomic status and levels of wellbeing. The analysis reported in this chapter suggests a number of different ways in which material disadvantage can be measured. However, one possible conclusion from the analysis presented in this chapter is that it may make sense to develop a measure of material disadvantage that incorporates both the affluence of the family (as captured in FAS) and the poverty status of the young people themselves (as captured in CDS). This approach combines the impact of items that contribute to the economic and social status of the family as a whole, with items that relate more specifically to the needs of young people. The measure allows us to further interrogate the data but should be seen at this juncture as an analytical device rather than a recommended new measure. More research is required before we can be in a position to propose the latter.

When this measure is used it produces estimates of the extent of child deprivation that vary with age/school year, across the marginalised groups identified in the analysis and according to the young people's living arrangements and the extent of adult engagement with employment. The estimates presented here are best regarded as preliminary and further work is needed to better understand the nature of the differences identified and the underlying reasons. Certainly, more research is required before we can be in a position to draw out the policy implications. What is clear, however, is that material disadvantage, whether defined in terms of family possessions or child deprivation, is an important indicator of young people's wellbeing across a range of domains.

Chapter 14 Marginalisation and Wellbeing

14.1 Key Findings

- This Chapter explored differences in wellbeing between five marginalised groups of young people, and non-marginalised young people, in both primary school (Years 4 and 6) and in secondary school (Year 8).
- Wellbeing indexes were constructed from 12 indicators for five domains of wellbeing: life satisfaction, subjective health, family cohesion, school engagement and relationship with peers. Scores on these sub-domain indexes were analysed separately, and aggregated into an overall wellbeing index.
- Correlations among the five domains of wellbeing were moderate to strong. Among both Years 4 and 6 survey participants, and Year 8 participants, most domains correlated strongly with the overall wellbeing index.
- Young people in the marginalised groups scored lower on the overall wellbeing index than non-marginalised young people.
- The gap in wellbeing scores between marginalised and non-marginalised groups was mostly greater among Year 8 participants than among Years 4 and 6 participants. Among Year 8s, only wellbeing index scores for the culturally and linguistically diverse participants were close to scores for the non-marginalised participants. Scores for all other marginalized groups were considerably lower.
- A number of outside of school activity indicators were strongly associated with higher wellbeing among both Years 4 and 6 and Year 8 participants. These included being with friends, doing housework, doing homework, and playing sports.
- However, once outside school activities and other contextual indicators were taken into account, there was still a strong negative relationship between marginalization and wellbeing for young people with disability in Years 4 and 6 and in Year 8, and for young carers and materially disadvantaged young people in Year 8.
- Cluster analysis was used to identify groups of participants with very high and very low wellbeing in all domains. The group with very high wellbeing comprised about 37% of Year 4 and 6 participants, and 31% of Year 8 participants. The group with very low wellbeing comprised 7% of participants in Years 4 and 6, and 10% in Year 8, of whom over half were in one or more marginalized groups.
- The study concludes by arguing that while it is important to have supports in place to improve the wellbeing of young people in their middle years in one or more of the marginalized groups, it is also important for service providers to recognize that there may be large proportions of young people with very low wellbeing who are not in a marginalized group.

14.2 Introduction

Wellbeing is an important issue for young people themselves, and for policy, in contemporary society (Brooks, 2014). If, as Statham and Chase (2010) argue, wellbeing should be understood in terms of the quality of people's lives, then it seems likely that young people who experience low life satisfaction (Chapter 12) issues with family cohesion (Chapter 6), low levels of school engagement (Chapter 9), bullying (Chapter 8), material disadvantage (Chapter 11 and Chapter 13), and high levels of health complaints (Chapter 7) might be described as having low levels of wellbeing. Moreover, low wellbeing across one domain may be related to low wellbeing across other domains.

The question this chapter addresses is, to what extent do young people in marginalised groups experience lower levels of wellbeing in those domains they consider to be important, compared with young people who are not marginalised? There has been a major growth in research on young people's wellbeing in Australia in the past decade (Bahr and Pendergast, 2012; Macdonald *et al.*, 2005; Tomyn, Tyszkiewicz and Norrish, 2014). Nonetheless, gaps in research on the wellbeing of young people in Australia remain. For example, many studies of young people's wellbeing in their middle years have been conducted on international samples that exclude Australia (for example, Klocke *et al.*, 2014; Ravens-Sieberer *et al.*, 2009; Strózik, Strózik and Szwarc, 2015), although the ACWP has set out to partially fill that gap.

The purpose of this chapter is to add to the child wellbeing literature by focusing on how Australian young people in different marginalised groups report their wellbeing. Consistent with the discussion in Chapter 1, we define wellbeing not simply in terms of subjective wellbeing (Pople, Rees, Main *et al.*, 2015; Rees, Goswami, Pople *et al.*, 2013) or 'happiness' (Diener, 2000), but in terms of both 'objective' and 'subjective' aspects of young people's lives (Statham and Chase, 2010). Particular attention is given to understanding the perspectives of young people in the following five groups: young people with disability, young carers, materially disadvantaged young people, young people from culturally and linguistically diverse backgrounds, and Indigenous young people. Two groups identified in the ACWP as marginalised are excluded from the analysis in this Chapter as the number of observations in both these groups is small: young people in out of home care, and young people rural and remote Australia. To our knowledge, no previous Australian studies have developed and tested a grounded concept of wellbeing, or directly compared measures deriving from such a grounded concept among young people in these five marginalised groups.

For the purposes of this analysis, we present one simple, universal conceptualisation of wellbeing. Initial analysis of some of the components of wellbeing (coupled with in-depth research with young people from marginalised groups at Phase one of the project) suggest that this conceptualisation may not hold equally for all groups. However, for simplicity, and as we are comparing across groups, we propose just one measure of wellbeing. The point in undertaking this exercise is not only to map out some important components of wellbeing, as young people see it, and measure them, but also to develop findings that are useful for policy. While there is little consensus on the definition of wellbeing (O'Hare and Guttierez, 2012), there is broad agreement on the main dimensions of child wellbeing, encompassing physical, environmental, social and emotional aspects (Hamilton and Redmond, 2010). Our

own qualitative work with mostly marginalised young people tended to bear this out, where the four most important domains of importance to young people were identified as family, friends, school, and health. Cutting across these domains (and not seen as independent of them) was the domain of feeling good about yourself, or subjective wellbeing. In this chapter, we develop a measure of wellbeing that encompasses these five domains. We examine the inter-relationships between the domains, for the non-marginalised and for the five different marginalised groups. We then consider differences between the marginalised groups and the mainstream in terms of these wellbeing measures. All analyses are conducted separately on survey participants in Years 4 and 6, and in Year 8.

In terms of method, we take our lead from a review of studies that measure child wellbeing (Fernandes, Mendes and Teixeira, 2012), supplemented with two more recent papers that attempt to develop overall measures of wellbeing among young people. Schonert-Reichl *et al.* (2013) propose a broad-based measure for the purpose of examining associations between children's social and emotional wellbeing in their middle years and what they term 'assets' – resources that children can draw on to support their wellbeing. Klocke *et al.* (2014) examine a concept of wellbeing proposed by (UNICEF, 2013) that they term 'subjective wellbeing'. The analysis conducted by Schonert-Reichl *et al.* (2013) focuses on correlations between different components of wellbeing for a Canadian sample, while Klocke *et al.* (2014) compare wellbeing scores across countries.

The present study proposes to add to the current literature on young people's wellbeing by examining how the wellbeing of different groups of marginalised young people compares with that of young people who are not marginalised; and also by examining whether these comparisons hold across primary and secondary school-aged young people.

14.3 Literature

In this brief review, we first discuss how wellbeing among young people has been defined and measured in the quantitative literature. We then examine literature on the specific groups of marginalised young people who are the focus of this Chapter.

Measuring wellbeing

Fernandes *et al.* (2012) outline three reasons why the measurement of young people's wellbeing requires special attention. First, it is related not only to young people's present lives, but also to their future lives; second, young people comprise one of the groups that is most affected by poverty in most societies; and third, there is still a lack of direct information on young people's lives. In order to promote better monitoring of young people's progress and produce more useful comparisons across groups, they recommend the aggregation of indicators of wellbeing "into a single composite index" (p.241), even if, as UNICEF (2007) points out, this can lead to a reduction in information.

In their review of studies that attempt to aggregate wellbeing indicators into an index, Fernandes *et al.* (2012) recommend that

(1) the individual young person should be the unit of analysis;
(2) that young people's perspectives on their own wellbeing should be taken into account;

(3) that any measure should be multidimensional – that is, covering several domains in young people's lives;
(4) that a summary index can adequately represent the overall wellbeing of young people;
(5) that appropriate 'real' weights can be applied to different indicators; and
(6) that interactions between different aspects of wellbeing can be taken into account.

In this project, we have made some progress with respect to the first four of these goals. This is seen in the child-centred approach of the ACWP, the focus in both qualitative and quantitative phases on children as experts in their own lives and in the multidimensionality of the ACWP survey instrument. The purpose of the analysis in this Chapter is to test the utility of a summary index that compares wellbeing across several marginalised groups of young people, and the non-marginalised. Further ongoing work will tackle the fifth and sixth issues raised by Fernandes and colleagues (Fernandes *et al.*, 2012), namely, the application of weights using the 'shelves' where survey participants were asked to indicate the importance of different domains (see Chapter 5 for discussion of the ranking of domains), and the development and testing of alternative models of wellbeing.

Domains of wellbeing

As Fernandes *et al.* (2012) point out, echoing earlier literature (see for example Land *et al.*, 2007), there is little agreement on what domains should be included in an index of wellbeing for young people. In more recent work, Schonert-Reichl *et al.* (2013) propose five key domains, derived from consultations with education professionals in British Columbia, Canada – social and emotional development, connectedness (that is, relationships with adults and peers), school experiences, physical health and wellbeing, and use of after-school time. They note that while parent-child interactions and parenting are critical factors in children's development, schools in British Columbia expressed unwillingness to include questions on these issues in a school-based questionnaire (Schonert-Reichl *et al.*, 2013). Klocke *et al.* (2014) on the other hand propose four domains in their international comparative study of subjective wellbeing – life satisfaction (what others, for example Rees *et al.*, 2013, call 'subjective wellbeing'), relationships, subjective education, and subjective health. In an earlier study using the same data, Bradshaw *et al.* (2013) divide the four domains into 'subjective' and 'objective' components. Both studies find significant differences between countries in terms of measured wellbeing, and the later study finds that bullying explains a considerable proportion of the variation between countries in wellbeing. Family factors are also found to be significant. They conclude that "referring to the Bronfenbrenner conception, child well-being looks to be more a result of the micro (family) and meso (school) level rather than the macro (society) level." (Klocke *et al.*, 2014: 19)

Comparing wellbeing among marginalised groups

There is now a growing literature on the measurement of young people's wellbeing at a national level, and on comparisons of young peoples' wellbeing across countries. However, there are still relatively few studies, especially in the Australian context, that examine wellbeing across different marginalised groups. Here we review literature on wellbeing among young people in the five marginalised groups that are the focus of this analysis.

Young people with disability: Even though the importance of young people's own perspectives on disability is recognised (Foley *et al.*, 2012), relatively few attempts have been made to understand young people with disability's wellbeing from their own perspective (Llewellyn and Leonard, 2010). Existing research paints a mixed picture on the subjective wellbeing of young people with disability. Using birth cohort data, Määttä, Hurtig, Taanila *et al.* (2013) report no relationship between life satisfaction and chronic condition status among a sample Finnish young people. On the other hand, Vingilis, Wade and Seeley (2002), using a Canadian sample of 12-19 year olds, find that disability is a predictor of self-rated health. And Sentenac, Gavin, Gabhainn *et al.* (2013), using HBSC data for 11 countries, show that young people with disability are more likely to report lower life satisfaction, lower subjective health, and more health complaints than young people without disability. In the Australian context (using HILDA data), Emerson, Honey and Llewellyn (2008) report that young people aged 15 to 19 with disability have lower life satisfaction and subjective health compared to young people without disability.

Young carers: Information on young carers, especially in the Australian context, is scarce, and there are no survey data on the wellbeing of young carers. However, qualitative research Cass, Smith, Hill *et al.* (2009) suggests that the pressures of caring as experienced by young people are associated with being run down and tired, and emotional drainage. The same study reports that young carers associate their experience of strain in friendships and difficulties in engagement at school with their caring responsibilities.

Materially disadvantaged young people: There is a large international and Australian literature on the associations between poverty or low income and wellbeing. For example, Giannakopoulos, Dimitrakaki, Pedeli *et al.* (2009) find that among a sample of Greek adolescents, self-reported health and psychological wellbeing varies significantly affording to family affluence. In an international study using HBSC data, Elgar *et al.* (2013) find that health complaints among adolescents in 35 countries vary according to experience of both absolute and relative deprivation, a finding supported by Ravens-Sieberer *et al.* (2009). These large scale findings are supported by qualitative research which suggests that young people feel especially disadvantaged in situations where deprivation is accompanied by exclusion (Redmond, 2009; Skattebol *et al.*, 2012)

Culturally and linguistically diverse young people: Although Australia is a multicultural society, there is a paucity of Australian studies exploring the wellbeing of young people from culturally and linguistically diverse backgrounds. Using the LSAC, Priest, Baxter and Hayes (2012) found that young people, aged 4-5 years, with a mother born overseas had more behavioural difficulties than those who had Australian-born English-speaking mothers. Sonderegger and Barrett (2004) found that while primary school aged young people who had been in Australia less than two years reported higher levels of hopelessness compared with their Australian-born peers, the opposite was found among adolescents. That is, recently arrived adolescent migrants experienced lower levels of hopelessness compared with Australian-born adolescents. However, the adolescents who had been in Australia less than two years had a lower sense of belonging, and a lower sense of self-esteem than their Australian-born peers. International studies have also found that young people born overseas have more favourable attitudes towards school, but consistent with Sonderegger and Barrett (2004), a lower sense of belonging at school compared with students born in the

country of question (Chiu, Pong, Mori *et al.*, 2012). However, there is little evidence as to how these findings translate into a broader sense of wellbeing.

Indigenous young people: Tomyn and colleagues have conducted a number of studies using the Personal Wellbeing – School Children (PWI-SC) scale (Cummins and Lau, 2005) to compare happiness or subjective wellbeing among Indigenous and non-indigenous young people in Australia (Tomyn, Norrish and Cummins, 2013; Tomyn *et al.*, 2014). While the earlier study shows that the PWI-SC is valid for both Indigenous and non-indigenous samples of 'at-risk' young people as well as a non-marginalised sample, the later study finds that there is little significant difference in subjective wellbeing between Indigenous and non-Indigenous 'at-risk' samples, although both are significantly different from the non-Indigenous 'mainstream' sample.

To summarise, existing research suggests that young people in marginalised groups are likely to experience lower levels of wellbeing than young people who are not marginalised. However, a number of questions remain. First, do differences exist across all domains of wellbeing? Second, are differences (if they exist) equally large among primary and secondary aged school students? Finally, what share of the population with low wellbeing do marginalised young people comprise?

14.4 Method

Developing measures of wellbeing

For the purposes of this analysis, we propose that wellbeing is a multidimensional concept encompassing the following four domains: subjective health, family cohesion, school engagement and relationship with peers; plus a fifth domain, life satisfaction, that we expect to be strongly associated with at least some of the other four domains. The first four domains were indicated by young people at Phase one of this project and in the survey itself to be important (see Chapter 5), and are consistent with domains identified in other studies (Klocke *et al.*, 2014; Land, 2009; Schonert-Reichl *et al.*, 2013). In this analysis, we do not attempt to identify or validate these dimensions statistically – this is the subject of ongoing research.

The first domain, *subjective health* refers the extent to which young people rate their health as poor to excellent, and the number and frequency of health complaints they experience: headache, stomach-ache, backache, feeling low or irritable, sleeplessness, and feeling nervous or dizzy. The second domain, *family cohesion* refers to the extent to which young people have spent time doing activities such as having fun with family and talking or learning together. It also captures the number of family members young people feel close to. Family members may include grandparents, uncles, aunts, brothers and sisters as well as parents, step-parents and foster parents. The third domain, *school engagement* refers to how much young people are satisfied at school, and the extent to which they feel their teacher supports them. The fourth domain, *relationship with peers* refers to the number of friends the participant reports having, the quality of their relationship with best friend, and the extent to which they are being bullied by their peers. The fifth domain, *life satisfaction* refers to how satisfied young people are with their life as a whole, their quality of life and whether they feel positive about the future.

Analysis conducted on two subsamples of the total survey sample – participants in Years 4 and 6 (N=1,088), and participants in Year 8 (N=2,839). An index of overall subjective wellbeing was created for both sub-samples using data obtained from the ACWP survey. Similar to Klocke *et al.* (2014), ordinal logistic and ordinary least squares regression analysis were used to further examine the relationship between life satisfaction and subjective other wellbeing domains, and the relationship between overall wellbeing and other participant characteristics. Cluster analysis was then used to identify sub-samples with high and low levels of wellbeing.

Observations with missing data for any of the twelve wellbeing indicators were excluded from the analysis (Years 4 and 6: N=456; Year 8: N=1,057). In nearly every case among marginalised and non-marginalised participants in both Years 4 and 6 and Year 8 subsamples, average scores for excluded observations were lower than scores for observations that were included in the analysis (there were two exceptions, both relating only to non-marginalised participants in Years 4 and 6: among this group, health complaints and family cohesion scores were slightly higher among the excluded observations than they were among observations included in the analysis). This suggests that had full information been available for all observations, wellbeing index scores for both marginalised and non-marginalised groups would have been lower than those reported in this analysis. All analysis was conducted on unweighted data. Throughout the analysis, 95% confidence intervals are presented to show the range within which means and percentages in the real population may fall. T-tests are used to test whether differences between some of the means and percentages are statistically significant. However, as the discussion in Section 3.7 of this report suggests, both confidence intervals and statistical significance tests should be treated with appropriate caution.

Table 14.1 provides detail on the twelve wellbeing indicators that were combined into wellbeing scores for each of the five domains. Each of these indicators is discussed in greater detail in earlier chapters of this report. Overall, six of the twelve wellbeing indicators are derived from a single item measure (that is, a single question in the survey). Five of the indicators are aggregate scale scores of between three and eight survey items (the construct validity of these indicators was tested on the whole sample, see Lietz *et al.*, 2016). One indicator (number of family members the participant reports being close to) is derived from the ME! Circle. As noted in Chapter 6, the ME! Circle is a novel feature of the ACWP survey where children were asked to drag each person into a circle by how close they feel to that person.

A binary variable was created for each of the twelve wellbeing indicators. This was done to ensure that the different scales used to measure the variables of interest were comparable with one another and to allow aggregation (with equal weighting) across the different indicators. This method is consistent with the approach taken by Schonert-Reichl *et al.* (2013). However, while they categorise indicators into three part scales (low, medium and high), a two part scale was deemed more appropriate in the present study, since the focus is on marginalisation. Table 14.2 shows that a value of '0' (worse score) was given to approximately the bottom 15% of observations in each of the Year 4 and 6 and Year 8 samples, and a value of '1' (better score) was given to the top 85% of observations. In other words, these binary variables identify the most disadvantaged 15% of observations. In some cases, it was not possible to divide the sample according to a 15/85% split. This was the

result of ‘clumping’, where large proportions of the sample have the same value. This is evident, for example, with the family cohesion indicator, where the ‘worse’ category contains over a quarter of the Year 8 sample. Table 14.3 shows how the binary variables were aggregated for each participant to create the five domain indices discussed above, and the “overall” child wellbeing index with scores in the range of 0-100.

Table 14.1: Overall child wellbeing index

Domain	Indicator	Sample item	Reference
Life Satisfaction	High quality of life	Children were asked to place themselves on a ladder where 0 = worst possible life for you and 10 = best possible life for you	(Cantril, 1965); Levin and Currie (2014)
	High Life Satisfaction	Five items (e.g. "My life is going well") rated on a 5-point scale ranging from 1 = Strongly disagree to 5 = Strongly agree	Dew and Huebner (1994);Huebner (1991); Rees, Goswami*, et al.* (2010)
	Positive about the future	One item, "I feel positive about my future" rated on a 5-point scale ranging from 1 = Strongly disagree to 5 = Strongly agree	Lietz, O'Grady, Tobin *et al.* (2014)
Subjective health	Good subjective health	One item, "Would you say your health is..." rated on a 4-point scale 1=Poor to 5=Excellent	Idler and Benyamini (1997)
	Has few psychosomatic symptoms	Children were asked to rate how often they had the following eight symptoms (e.g. headache, feeling nervous) in the last 6 months on a 5-point scale ranging from 1 = Rarely or never to 5 = About every day	Currie *et al.* (2012)
Family	High Family Cohesion	Children were asked how often in the past week they have spent time doing the following things (e.g. Talking together) with their family on a 5-point scale ranging from 1 = Not at all last week to 5 = Don't know	Andresen, Ben-Arieh, Bradshaw *et al.*, (2013)
	Close to two or more family members	One item, "How close are these people to you?" Children were asked to drag each person into a circle by how close they feel to that person (ME! Circle).	Creswell, Lietz, Rust *et al.* (2015); Lietz et al. (2014)
School engagement	School satisfaction	Six items (e.g. "My school is a place where I feel happy") rated on a 4-point scale ranging from 1 = Strongly disagree to 4 = Strongly agree	Commonwealth of Australia
	Teacher Support	Three items (e.g. "At my school, there is a teacher or another adult who really cares about me") rated on a 4-point scale from 1 = Not at all true to 4 = Very much true	Constantine and Bernard (2001)
Relationships with peers	Has not been bullied weekly	Six items (e.g. "I was teased in nasty ways) rated on a 5-point scale ranging from 1 = This did not happen to me this term to 5 = Several times a week or more this term)	Cross *et al.* (2009)
	Support of closest friend	Four items (e.g. "I spend fun time with this person) rated on a 5-point scale ranging from 1 = Never or hardly ever to 5 = Always or almost always.	Waldrip *et al.* (2008)
	Close to three or more friends	One item, "How many close friends do you have?" 0 = None to 5 = Five or more	Currie *et al.* (2012)

Table 14.2: Derivation of binary wellbeing Indicators

	Life satisfaction index			Subjective health index		Family concerns index		School engagement index		Relationships index		
	High quality of life (0-10)	High life satisfaction (0-20)	Positive about the future (1-5)	Good subjective health (1-2)	Low health complaints (0-32)	High family cohesion (0-9)	Close to 2+ family members (0-18)	School satisfaction (0-18)	Teacher support (0-9)	Not bullied weekly (0-24)	Support closest friend (0-16)	Close to 3+ friends (0-5)
Years 4 & 6												
0												
Value	0-6	0-12	1-3	1	16-32	0-4	0-1	0-8	0-3	6-24	0-7	0-2
N	182	195	181	73	174	196	70	96	101	204	194	169
%	16.73	17.92	16.64	6.71	15.99	18.01	6.43	8.82	9.28	18.75	17.83	15.53
1												
Value	7-10	13-20	4-5	2	0-15	5-9	2-18	9-18	4-9	0-5	8-16	3-5
N	906	893	907	1015	914	892	1018	992	987	884	894	919
%	83.27	82.08	83.36	93.29	84.01	81.99	93.57	91.18	90.72	81.25	82.17	84.47
Year 8												
0												
Value	0-6	0-12	1-3	1	16-32	0-4	0-1	0-8	0-3	6-24	0-7	0-2
N	526	575	567	268	459	753	355	619	573	399	376	366
%	18.53	20.25	19.97	9.44	16.17	26.52	12.5	21.8	20.18	14.05	13.24	12.89
1												
Value	7-10	13-20	4-5	2	0-15	5-9	2-18	9-18	4-9	0-5	8-16	3-5
N	2313	2264	2272	2571	2380	2086	2484	2220	2266	2440	2463	2473
%	81.47	79.75	80.03	90.56	83.83	73.48	87.5	78.2	79.82	85.95	86.76	87.11

Note: Observations with missing data on any variable are excluded. Numbers and percentages are unweighted.

Table 14.3: Additive formula used to calculate domain and overall wellbeing index

Domain Index	Additive Formula
Subjective health index	$S.H.Index = 100\text{x}\left(\frac{\text{Subjective health } + \text{ Low health complaints}}{2}\right)$
Family index	$F.C.Index = 100\text{x}\left(\frac{\text{Family Cohesion } + \text{ Close to 2 + family}}{2}\right)$
School engagement index	$S.S.Index = 100\text{x}\left(\frac{\text{School satisfaction } + \text{ Teacher Support}}{2}\right)$
Relationship index	$R.E.Index = 100\text{x}\left(\frac{\text{Not bullied weekly + Very good friend } + \text{ Close to 3 + friends}}{3}\right)$
Life satisfaction index	$L.S.Index = 100\text{x}\left(\frac{\text{Quality of life } + \text{Life Satisfaction } + \text{ Positive future}}{3}\right)$
Overall wellbeing index	$W.B.Index = 100\text{x}\left(\frac{\text{Sum of five domain index scores}}{5}\right)$

14.5 Findings

Table 14.4 shows the polychoric/polyserial correlation matrix of the domain and overall wellbeing indexes at Years 4 and 6 and Year 8. Life satisfaction and subjective health are moderately to strongly correlated for both Years 4 and 6 (ρ=0.48) and Year 8 participants (ρ=0.59). Among participants in Years 4 and 6, all other domains are moderately correlated (ρ ranges from 0.31 to 0.48). Among participants in Year 8, the correlations between life satisfaction and family, life satisfaction and school engagement, and subjective health and school engagement are moderate to high (ρ ranges from 0.42 to 0.52). Among both samples, the highest inter-domain correlations are with life satisfaction. Among both samples too, all domains are highly correlated with overall wellbeing, with life satisfaction showing the strongest correlation (ρ=0.72 and 0.77 for Years 4 and 6 and Year 8, respectively). The correlation between school engagement and overall wellbeing is higher among Year 8s (ρ=0.72) than among years 4 and 6s (ρ=0.66). However, the correlation between relationships with peers and overall wellbeing is higher among Years 4 and 6s (ρ=0.67) than among Year 8s (ρ=0.56).

Appendix 14.7 shows correlations between each of the twelve indicators from which the domain wellbeing indexes are derived. These show that the strongest associations in both Years 4 and 6, and in Year 8, are between quality of life, life satisfaction and being positive about the future (all part of the life satisfaction domain) and between school satisfaction and teacher support (both in the school engagement domain). However, there are also strong correlations at both year levels between the health complaints and bullying indicators.

Table 14.4: Polychoric/polyserial correlation coefficients between domains and overall wellbeing

	Life Satisfaction	Subjective Health	Family	School engagement	Relationship with peers
Years 4 & 6					
Subjective Health	0.476				
	(0.039)				
Family	0.434	0.312			
	(0.042)	(0.050)			
School engagement	0.474	0.375	0.384		
	(0.042)	(0.054)	(0.050)		
Relationships	0.420	0.481	0.352	0.394	
	(0.036)	(0.037)	(0.044)	(0.045)	
Overall Wellbeing	0.717	0.667	0.643	0.660	0.669
	(0.016)	(0.017)	(0.020)	(0.019)	(0.016)
Year 8					
Subjective Health	0.592				
	(0.021)				
Family	0.516	0.408			
	(0.021)	(0.026)			
School engagement	0.508	0.440	0.424		
	(0.021)	(0.025)	(0.023)		
Relationships with peers	0.372	0.388	0.280	0.325	
	(0.024)	(0.026)	(0.026)	(0.026)	
Overall Wellbeing	0.765	0.694	0.692	0.724	0.556
	(0.007)	(0.010)	(0.010)	(0.009)	(0.013)

Note*:* Data are unweighted. Correlation coefficients (ρ) between the domain indexes are polychoric. Coefficients between overall wellbeing and each of the domain wellbeing indexes are polyserial. Standard errors in parentheses. All coefficients are significant at $p<0.01$.

Wellbeing among marginalised and non-marginalised groups

Table 14.5 and Table 14.6 show group and composite mean scores of the five domains of wellbeing (subjective health, family, school engagement, relationship with peers, and life satisfaction) and overall wellbeing (a composite of all five wellbeing domains) for Years 4 and 6 and Year 8, respectively. The p values (obtained from independent samples t-tests and controlling for clustering at the school level) give an indication of whether the mean wellbeing scores in each marginalised group are notably different to the mean for the 'non-marginalised' group.

Both tables show that mean wellbeing scores across the five domains are for the most part lower in the marginalised groups than those in the non-marginalised group. Table 14.5 shows that among Years 4 and 6 participants who are not marginalised, the average overall wellbeing score is 88.8. Overall wellbeing scores are lower for every marginalised group, ranging from 77.2 for young people with disability to 82.7 for culturally and linguistically diverse young people. Among non-marginalised participants in Years 4 and 6, highest domain wellbeing scores relate to school engagement (92.1) and subjective health (91.0). School engagement is a relatively high rating domain for the marginalised groups, with scores ranging from 85.7 to 90.9. After school engagement, the next highest ranking domain

for the marginalised Years 4 and 6 participants is family. Average scores for three marginalised groups (carers – 89.0, Indigenous – 83.6, and culturally and linguistically diverse – 87.6) are indeed not notably different from scores for the non-marginalised (89.2).

Table 14.6 shows average overall and domain wellbeing scores for Year 8 participants. This paints a picture of starker differences in wellbeing between the marginalised and the non-marginalised groups. While the gap in overall wellbeing scores between marginalised and non-marginalised Years 4 and 6 participants is 7.2, this gap is 9.6 at Year 8. As with Years 4 and 6, young people with disability have the lowest overall wellbeing scores (69.6), followed by Indigenous young people (73.0). These compare with an average score for the non-marginalised of 85.6. These two marginalised groups have particularly low wellbeing scores in the domains of life satisfaction and family (ranging from 63.1 to 71.3). In the subjective health domain, young people with disability and young carers have the lowest average scores among the marginalised groups (71.8 and 75.7, respectively). In terms of relationships, young people with disability and materially disadvantaged young people have the lowest scores (77.1 and 78.0, respectively). With respect to school engagement, while all the marginalised groups except culturally and linguistically diverse participants have appreciably lower average scores than non-marginalised participants (81.7), they are similar to each other, with scores ranging from 66.7 to 69.9.

When comparing the different year levels, it is notable that wellbeing scores across the five domains are higher among the Years 4 and 6 sample (Table 14.5) than among the Year 8 sample (Table 14.6). This is consistent with a large body of literature which shows how wellbeing across a range of measures tends to decline as young people enter puberty (Currie *et al.*, 2012). However, it is important to emphasise the generally bigger gap in wellbeing measures between the marginalised and non-marginalised groups among the Year 8 sample than among the Years 4 and 6 samples (but note that this is not the case with the relationships index). It suggests that inequalities in wellbeing, between marginalised and non-marginalised young people, may increase as young people enter adolescence.

Finally, it is also worth noting from Table 14.5 and Table 14.6 that while a considerable difference in overall wellbeing was found between four of the five marginalised groups and the non-marginalised group among both Years 4 and 6 and Year 8 samples, this was not the case for the culturally and linguistically diverse group, where differences (in the domains of life satisfaction, subjective health, relationships and overall wellbeing) were only really notable among the younger sample. This smaller difference in wellbeing between the culturally and linguistically diverse group and the non-marginalised is perhaps (as discussed in Chapter 1), associated with the nature of migration to Australia, where most migrants are highly educated and relatively privileged. However, it is also recognised that a significant minority of migrants (who mostly arrive in Australia through humanitarian or family reunion programs) is highly disadvantaged (Katz and Redmond, 2010). The analysis presented here may not adequately capture the relative wellbeing of this minority.

Table 14.5: Mean wellbeing domain scores for marginalised and non-marginalised groups, Years 4 and 6 (0 – 100)

	Life Satisfaction	95% CI (LB,UB)	Subjective Health	95% CI (LB,UB)	Family	95% CI (LB,UB)	School Engagement	95% CI (LB,UB)	Relation-ships	LB,UB	Overall Wellbeing	95% CI (LB,UB)
Disabled	71.30***	[64.78,77.81]	76.39***	[70.58, 82.19]	81.94*	[76.16, 87.73]	85.65*	[79.50, 91.80]	70.68***	[64.34, 77.02]	77.19***	[72.95, 81.43]
Carer	72.30***	[65.77,78.82]	77.92***	[72.20, 83.65]	88.96 (n.s)	[83.24, 94.68]	90.91 (n.s)	[86.59, 95.23]	73.59***	[67.58, 79.61]	80.74***	[77.46, 84.01]
Materially Disadvantaged	75.56**	[69.08, 82.03]	84.17*	[78.87,89.47]	80.83**	[75.39, 86.27]	86.67(n.s)	[81.53, 91.80]	71.94***	[67.12, 76.77]	79.83***	[76.05, 83.62]
Indigenous	82.18 (n.s)	[73.90, 90.46]	87.93 (n.s)	[81.17, 94.69]	83.62 (n.s)	[77.89, 89.35]	87.07 (n.s)	[80.56, 93.58]	71.84**	[62.69, 80.99]	82.53*	[77.03, 88.03]
Culturally and Linguistically Diverse	76.03*	[67.80, 84.26]	84.27*	[78.17, 90.37]	87.64 (n.s)	[82.01, 93.27]	89.33 (n.s)	[84.44, 94.21]	76.03**	[70.06, 82.00]	82.66**	[78.53, 86.79]
All Marginalised	76.36***	[83.72, 87.96]	83.53***	[89.09, 92.80]	84.57*	[87.79, 90.64]	88.43*	[90.11, 94.05]	75.27***	[84.41, 87.45]	81.63***	[87.64, 89.96]
Not Marginalised	85.84***	[72.73, 79.99]	90.95***	[80.77, 86.30]	89.21*	[81.08, 88.06]	92.08*	[85.41, 91.45]	85.93***	[72.86, 77.68]	88.80***	[79.71, 83.55]

Notes: Means are unweighted. *p<.05; **p<.01; ***p<.001 – refers to significance of difference between scores for marginalised groups and the non-marginalised group.

Table 14.6: Mean wellbeing domain scores for marginalised and non-marginalised groups, Year 8 (0 – 100)

	Life Satisfaction	95% CI (LB,UB)	Subjective Health	95% CI (LB,UB)	Family	95% CI (LB,UB)	School Engagement	95% CI (LB,UB)	Relation-ships	LB,UB	Overall Wellbeing	95% CI (LB,UB)
Disabled	63.14***	[58.87, 67.41]	71.84***	[67.18, 76.51]	68.94***	[65.12, 72.76]	66.72***	[61.42, 72.03]	77.13***	[73.91, 80.36]	69.56***	[66.53, 72.59]
Carer	67.73***	[62.22, 73.24]	75.70***	[70.85, 80.55]	75.90**	[70.52, 81.27]	69.92***	[63.66, 76.18]	81.41***	[78.10, 84.71]	74.13***	[70.22, 78.04]
Materially Disadvantaged	69.17***	[64.04, 74.31]	79.20***	[74.76, 83.65]	72.35***	[67.73, 76.96]	68.36***	[62.47, 74.26]	78.02***	[74.70, 81.35]	73.42***	[69.79, 77.05]
Indigenous	68.09***	[59.80, 76.37]	78.19**	[70.92,85.46]	71.28**	[63.20, 79.35]	67.02***	[59.60, 74.44]	80.50**	[74.91, 86.09]	73.01***	[67.86, 78.17]
Culturally and Linguistically Diverse	80.23*	[76.68, 83.77]	87.85 (n.s)	[84.49, 91.22]	78.81 (n.s)	[74.25, 83.38]	81.92 (n.s)	[76.57, 87.27]	86.06 (n.s)	[83.46, 88.67]	82.98*	[80.41, 85.54]
All Marginalised	71.06***	[82.42,86.10]	79.56***	[89.33, 91.34]	74.49***	[81.45, 84.45]	72.43***	[80.00, 83.41]	82.02***	[87.67, 89.30]	75.91***	[84.62, 86.48]
Not Marginalised	84.26***	[68.12, 74.00]	90.33***	[76.77, 82.36]	82.95***	[71.87, 77.10]	81.71***	[69.00, 75.86]	88.49***	[80.32,83.72]	85.55***	[73.81, 78.02]

Notes: Means are unweighted. *p<.05; **p<.01; ***p<.001 – refers to significance of difference between scores for marginalised groups and the non-marginalised group.

Marginalisation, life satisfaction and overall wellbeing

As Table 14.4 shows, correlations between the life satisfaction domain and the other four domains are generally stronger than among the other domains. Table 14.7 presents the results of a series of ordered logistic regression analyses, in which life satisfaction (possible values are 0, 100, 200 or 300 – see Table 14.2 and Table 14.3) is regressed on subjective health, family, school engagement and relationships. Sex of the participant (not reported) is added as a control. These regression analyses therefore seek to address the question of which domains in young people's lives appear to be most strongly associated with their life satisfaction, which is not directly related to any one domain, but as Table 14.4 shows, relatively strongly related to every other domain. Separate analyses are conducted for all observations, and for each of the marginalised groups in Years 4 and 6, and in Year 8. Odds ratios above 1 indicate a positive association between an explanatory variable and life satisfaction, whereas odds ratios below 1 indicate a negative association with life satisfaction.

Table 14.7 shows that among all observations (first column) all four domains of wellbeing are significant in explaining young people's life satisfaction in Years 4 and 6, and Year 8. Among participants in Years 4 and 6, subjective health is most strongly associated with life satisfaction. This is followed by family, school engagement and relationship with peers, where the three have similar odds ratios. Among Year 8s, subjective health has the highest odds ratio, followed by family. Among both samples, relationships have the weakest (though still significant) relationship with life satisfaction.

Among the marginalised groups, somewhat different patterns emerge. For young people with disability in Years 4 and 6, school engagement has by far the strongest association with life satisfaction. Among young carers and materially disadvantaged young people in Years 4 and 6 on the other hand, family concerns and subjective health have the strongest associations, while for and culturally and linguistically diverse participants, only subjective health is associated with life satisfaction. For Indigenous participants in Years 4 and 6, relationships have the strongest association with life satisfaction.

With respect to marginalised participants in Year 8, for young people with disability, young carers, and materially disadvantaged young people, subjective health has a particularly strong association with life satisfaction, while among Indigenous young people, family and subjective health dominate. Finally, among culturally and linguistically diverse young people subjective health and relationships have the strongest associations with life satisfaction.

Table 14.7: Odds Ratios for association between subjective health, family, school engagement and relationship with peers on life satisfaction

	All observations	Young people with disability	Young carers	Materially disadvantaged young people	Indigenous young people	Culturally and linguistically diverse young people	All marginalised young people
Years 4 and 6							
Subjective health	0.0165***	0.0146**	0.0220***	0.0174***	0.00322	0.0206*	0.0139***
	(0.00289)	(0.00623)	(0.00734)	(0.00650)	(0.0177)	(0.0117)	(0.00468)
Family	0.0145***	0.00574	0.0283***	0.0169*	0.0209	0.0107	0.0141***
	(0.00282)	(0.00771)	(0.00863)	(0.00856)	(0.0130)	(0.00804)	(0.00421)
School engagement	0.0143***	0.0224***	0.0106	0.0107	0.00427	-0.00496	0.0109**
	(0.00308)	(0.00664)	(0.0117)	(0.00853)	(0.0157)	(0.00893)	(0.00442)
Relationship with peers	0.0142***	0.00982	0.00482	0.0139**	0.0371**	0.00742	0.0138***
	(0.00297)	(0.00663)	(0.00986)	(0.00682)	(0.0144)	(0.00901)	(0.00424)
N	1,088	108	77	120	58	89	337
Year 8							
Subjective health	0.0222***	0.0203***	0.0189***	0.0227***	0.0243***	0.0227**	0.0212***
	(0.00164)	(0.00328)	(0.00471)	(0.00668)	(0.00736)	(0.00956)	(0.00233)
Family	0.0164***	0.0153***	0.0144***	0.0138***	0.0300***	0.0176***	0.0151***
	(0.00141)	(0.00323)	(0.00455)	(0.00367)	(0.00919)	(0.00552)	(0.00212)
School engagement	0.0136***	0.0149***	0.0114***	0.0106*	0.00937	0.00654	0.0122***
	(0.00153)	(0.00371)	(0.00407)	(0.00619)	(0.00710)	(0.00436)	(0.00225)
Relationship with peers	0.0127***	0.0159***	0.0144***	0.0143**	0.0111	0.0208***	0.0138***
	(0.00193)	(0.00403)	(0.00402)	(0.00561)	(0.00869)	(0.00563)	(0.00266)
N	2,839	293	251	226	94	177	827

Notes: Results based on unweighted data. *p <.05; **p <.01; ***p <.001; Dependent Variable – Life Satisfaction. Standard errors in parentheses.

Table 14.8 shows associations between membership of the five marginalised groups, and a range of contextual and activity variables, on the one hand, and overall wellbeing index scores on the other. For the purposes of this analysis, the overall wellbeing score is converted to a z-score (mean=0, SD=1 for each year level). The contextual variables (all binary) include indicators of the survey participant having moved house or school twice or more in a year, living in a household where no adults are in paid work, missing school at least once a week in the last term, going to bed hungry at least sometimes, having the aspiration to go to university, having a less than good school performance (as judged by the participant themselves), experiencing a lot of pressure from schoolwork, having smoked in the last 30 days, and having been drunk in the last 30 days. Activity variables (relating to activities outside of school) include engaging in at least some lessons, seeing friends at least sometimes, doing work around the house at least sometimes, doing homework at least sometimes, engaging in sport at least occasionally, playing on the computer at least

occasionally, and caring for other family members at least occasionally. For all these activity variables therefore, a value of 0 implies that the participant does not engage, or hardly ever engages in the activity, while a value of 1 implies that they engage in the activity at least sometimes.

The models for both year levels explain a significant proportion of variation in overall wellbeing (R^2=0.295 for the Years 4 and 6 sample; R^2=0.359 for the Year 8 sample). Identification as a young person with disability is strongly associated with a decrease in overall wellbeing for both year levels. Beta coefficients for young carers and materially disadvantaged participants are significant at Year 8, but not Year 4. Coefficients for Indigenous and culturally and linguistically diverse participants are not significant at either year level.

Among the nine contextual indicators, going to school or bed hungry, having a less than good school performance and experiencing a lot of pressure from schoolwork are all significantly and negatively associated with overall wellbeing among both Years 4 and 6 and Year 8 participants. Indicators for missing school often in the last term, and having smoked or been drunk in the past month, are significantly (and negatively) associated with overall wellbeing among Year 8 participants only.

The strong associations between the two school-related indicators and wellbeing are particularly worth noting. They suggest for example that among Year 8 participants, the overall wellbeing index score among those with a less than good school performance or who experience a lot of pressure from schoolwork is likely to be half a standard deviation lower than for those who do not report low school performance or high school pressure. Put another way, when other factors are controlled for, young people in Year 8 who experience high school pressure or judge their school performance to be low will be 17% lower on the distribution of wellbeing scores compared with Year 8s who do not report these outcomes. Young people who experience going to school or bed hungry, low school performance *and* high school pressure are likely to have an overall wellbeing score that is considerably lower than the average for all Year 8s.

Most of the outside school activity indicators that were significantly associated with overall wellbeing – seeing friends, doing housework, doing homework, engaging in sport and caring for family at both year levels, and engaging in lessons in Year 8. Moreover, all the associations were positive. This is perhaps not surprising in the case of seeing friends and engaging in sport. However, the positive association between doing housework and caring for family members on the one hand, and overall wellbeing on the other (at both year levels), is consistent with what young people revealed as important to them in the qualitative research at Phase one – that caring for and supporting family members adds to their sense of wellbeing.

Table 14.8: Beta coefficients for association between marginalised groups and overall wellbeing

Indicator Type	Indicators	Years 4 & 6	Year 8
Marginalisation Identification	Young people with disability	-0.581***	-0.504***
		(0.188)	(0.0666)
	Young carers	-0.193	-0.228***
		(0.180)	(0.0864)
	Materially disadvantaged young people	-0.168	-0.193***
		(0.156)	(0.0672)
	Indigenous young people	0.184	-0.166
		(0.230)	(0.108)
	Culturally and linguistically diverse young people	-0.209	0.0834
		(0.338)	(0.0771)
Contextual Variables	Moved house or school twice in a year	-0.455	-0.0231
		(0.278)	(0.0790)
	Lives in household where no adults are in paid work	-0.126	-0.0896
		(0.331)	(0.139)
	Missed school at least once a week in the last term	-0.194	-0.157**
		(0.143)	(0.0758)
	Goes to school or bed hungry at least sometimes	-0.396***	-0.447***
		(0.122)	(0.0615)
	Aspires to university	-0.0666	0.0276
		(0.125)	(0.0514)
	Has less than good school performance	-0.431***	-0.543***
		(0.126)	(0.0638)
	Experiences a lot of pressure from schoolwork	-0.503**	-0.495***
		(0.221)	(0.0590)
	Has smoked in the last 30 days	0.379	-0.364**
		(0.516)	(0.168)
	Has been drunk in the last 30 days	-0.618	-0.323*
		(0.418)	(0.164)
Outside of School Activities Variables	Engaging in lessons at least occasionally	-0.149	0.119**
		(0.114)	(0.0490)
	Seeing friends at least occasionally	0.576***	0.349***
		(0.179)	(0.0742)
	Doing work around the house at least sometimes	0.333***	0.271***
		(0.122)	(0.0527)
	Doing homework at least sometimes	0.333**	0.246***
		(0.129)	(0.0455)
	Playing organised sport at least occasionally	0.207*	0.155***
		(0.105)	(0.0493)
	Playing on the computer at least occasionaly	-0.0334	-0.0809
		(0.103)	(0.0569)
	Caring for family members at least occasionally	0.189**	0.176***
		(0.0852)	(0.0462)
	Observations	502	2,219
	R-squared	0.295	0.359

Notes: Results based on unweighted data. *p <.05; **p <.01; ***p <.001; Dependent Variable – Overall wellbeing.

Identifying young people with low wellbeing

The analysis above shows that for most young people, including those in marginalised groups, health, school, family and relationships with peers are associated with life satisfaction. The analysis also shows that identification with some marginalised groups (disability in both year levels; carers and materially disadvantaged in Year 8 only) is associated with lower levels of overall wellbeing. Going to school or bed hungry and other school related indicators are also strongly negatively associated with overall wellbeing, especially among Year 8 participants. On the other hand, most of the outside school activities that participants were asked about are positively associated with wellbeing.

In this section, we take a different approach, and examine if it is possible to identify groups of young people who exhibit specific patterns of wellbeing. A number of analysts have used cluster analysis in order to understand how different social phenomena, for example poverty and exclusion, or household economic production, occur together (Anthony, 2008; Danseco and Holden, 1998; Ferro Luzzi, Flückiger and Weber, 2006; Liao, Barrett and Kassam, 2015; Oroyemi, Damioli, Barnes *et al.*, 2009). Cluster analysis "groups individuals or objects into clusters so that objects [or individuals] in the same cluster are more similar to one another than they are to objects [or individuals] in other clusters" (Hair, Black, Babin *et al.*, 2006, p.555). Ideally, clusters which are derived using cluster analysis techniques should have a high level of within-cluster homogeneity, and a high level of between-cluster heterogeneity (Hair *et al.*, 2006, p.559). Membership of clusters is exclusive to observations, which means that each observation can only belong in a single cluster. However, not all observations within a cluster will have the same characteristics. Each characteristic can moreover be present in several clusters. The key factor is the combination of characteristics in each cluster (Oroyemi *et al.*, 2009, p.18). It is important to note the cluster analysis is a heuristic device for identifying patterns in data – it is not theory-led and it is the analyst's responsibility to make sense of these patterns.

Here we use two clustering techniques, Wards Linkage and K-means (Hair *et al.*, 2006) on the 12 original variables from which binary indicators were derived (see Table 14.2) in order to identify these groups. The number of clusters chosen has to be large enough to be meaningful in terms of the analysis, but also small enough to be practicable.

Table 14.9 shows groupings derived from the analysis for Years 4 and 6 participants. Ward's Linkage clustering with the Duda/Hart Test suggests an optimal grouping of thirteen clusters with different wellbeing characteristics, while K-means clustering with the Calinsky test suggests an optimal grouping of two. Examination of overall wellbeing scores for these groupings suggests that they can be aggregated into a four cluster model. The table shows that the Ward's Linkage Group 6 and Calinsky Group 2, comprising 37% of the sample (N=403), has a very high average wellbeing score (100), while the Wards Linkage Group 10 and the Calinsky Group 1, comprising 7% of the sample (N=80), has by far the lowest average wellbeing score (50). These two groups comprise the top and bottom wellbeing clusters for participants in Years 4 and 6. The remaining groups can be aggregated into two clusters, the higher of these (in terms of wellbeing scores) comprising all observations in Calinsky group 2, except where Ward's Linkage group is 6 or 10 (N=455; average wellbeing index score of 87). The final cluster comprises All of Calinsky Group 1 except where Wards Linkage = 10, and Calinsky Group 2 where Wards Linkage = 10 (N=150; average wellbeing index score of 70).

Table 14.9: Wellbeing clustering and overall wellbeing score of Years 4 and 6 participants

	K-means: Calinsky test groups					
	1			2		
Ward Linkage: Duda/Hart test groups	N (unweighted)	Mean Overall Wellbeing Score	Cluster	N (unweighted)	Mean Overall Wellbeing Score	Cluster
1	1	66.67	3rd	60	86.94	2nd
2	0	0.00		61	86.17	2nd
3	3	70.00	3rd	43	89.15	2nd
4	5	70.67	3rd	21	83.02	2nd
5	2	66.67	3rd	64	89.43	2nd
6	0	0.00		403	100.00	1st (higheset)
7	15	64.89	3rd	48	80.21	2nd
8	3	71.11	3rd	47	89.22	2nd
9	22	71.97	3rd	58	84.02	2nd
10	80	49.79	4th (lowest)	1	63.33	3rd
11	28	60.48	3rd	3	86.67	2nd
12	12	75.56	3rd	29	89.66	2nd
13	58	73.85	3rd	21	89.84	2nd

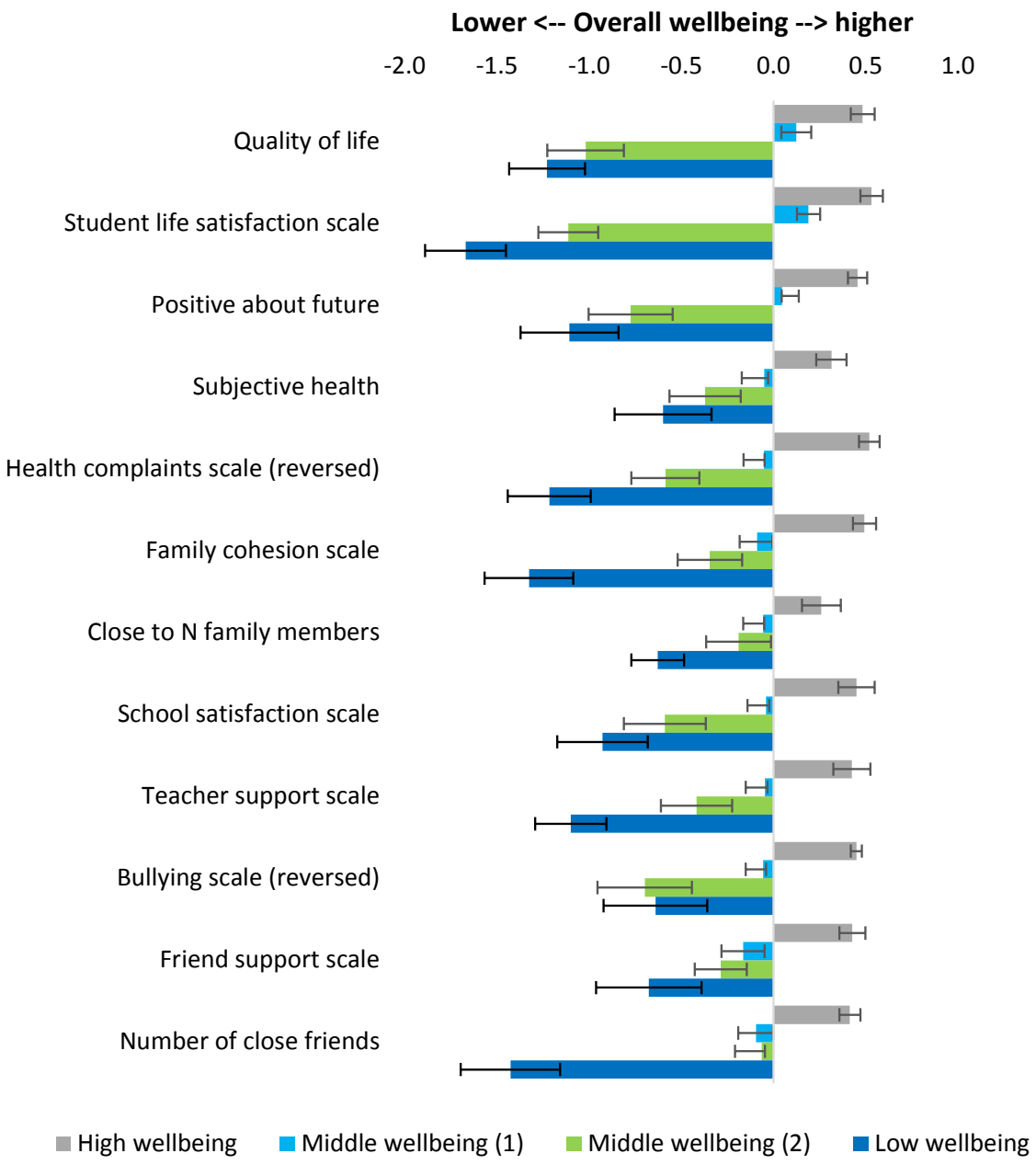
For Year 8 participants, Wards Linkage clustering with the Duda/Hart Test and and K-means clustering with the Calinsky test suggest optimal groupings of fourteen and two, respectively. Table 14.10 shows that the Ward Linkage Group 1, with 31% of year 8s, comprises a high wellbeing cluster (N=877; average overall wellbeing index score of 100), while Ward Linkage Group 14, with 10% of Year 8s, comprises a low wellbeing cluster (N=274; average wellbeing index of 40.67). In between, Ward Linkage Groups 2-13 and Calinsky Group 1 forms an upper medium group comprising 47% of all observations (N=1,320; average wellbeing index score of 85); and Ward Linkage Groups 2-13 and Calinsky Group 2 forms a lower medium group comprising 13% of all observations (N=368; average wellbeing index score of 64).

Table 14.10: Wellbeing clustering and overall wellbeing score of Year 8 participants

	K-means: Calinsky test groups					
	1			2		
Ward Linkage: Duda/Hart test groups	N (unweighted)	Mean Overall Wellbeing Score	Cluster	N (unweighted)	Mean Overall Wellbeing Score	Cluster
1	877	100.0	1st (higheset)	0	0.0	
2	128	86.2	2nd	13	69.2	3rd
3	67	85.5	2nd	29	66.9	3rd
4	114	86.4	2nd	9	63.7	3rd
5	138	88.00	2nd	9	56.30	3rd
6	83	85.26	2nd	2	61.67	
7	131	85.50	2nd	70	62.90	3rd
8	108	86.45	2nd	86	66.59	3rd
9	64	87.08	2nd	65	67.08	3rd
10	87	81.57	2nd	42	59.52	3rd
11	171	79.79	2nd	33	56.87	3rd
12	73	90.00	2nd	0	0.00	
13	156	85.51	2nd	10	56.00	3rd
14	0	0.00		274	40.67	4th (lowest)

Figure 14.1 shows z scores (mean = 0, SD = 1) for the twelve wellbeing indicators from which the overall wellbeing index was derived, for the four Years 4 and 6 clusters identified above. Conversion of indicators to z scores allows easier comparison across indicators, and facilitates visual analysis of differences between the clusters: any bar to the left of the Y axis on the figure signifies a score that is less than the mean for all Years 4 and 6 participants, and any bar to the right of the Y axis signifies a score that is greater than the mean. The longer the bar, the further the score is from the mean. Error bars show 95% confidence intervals around the mean. The Figure shows that for the 'high wellbeing' group, all twelve indicators are greater than the mean. For the 'medium wellbeing (1)' group, most indicators are not notably different from the mean, although scores for quality of life and the student life satisfaction scale are slightly above the mean. For the 'medium wellbeing (2)' group, on the other hand, most indicators are below the mean. In particular, the quality of life, life satisfaction and positive about the future variables are about one standard deviation below the mean. For the 'low wellbeing' group, all twelve indicators are a long way below the mean. Eight of the indicators are about one standard deviation or more below the mean.

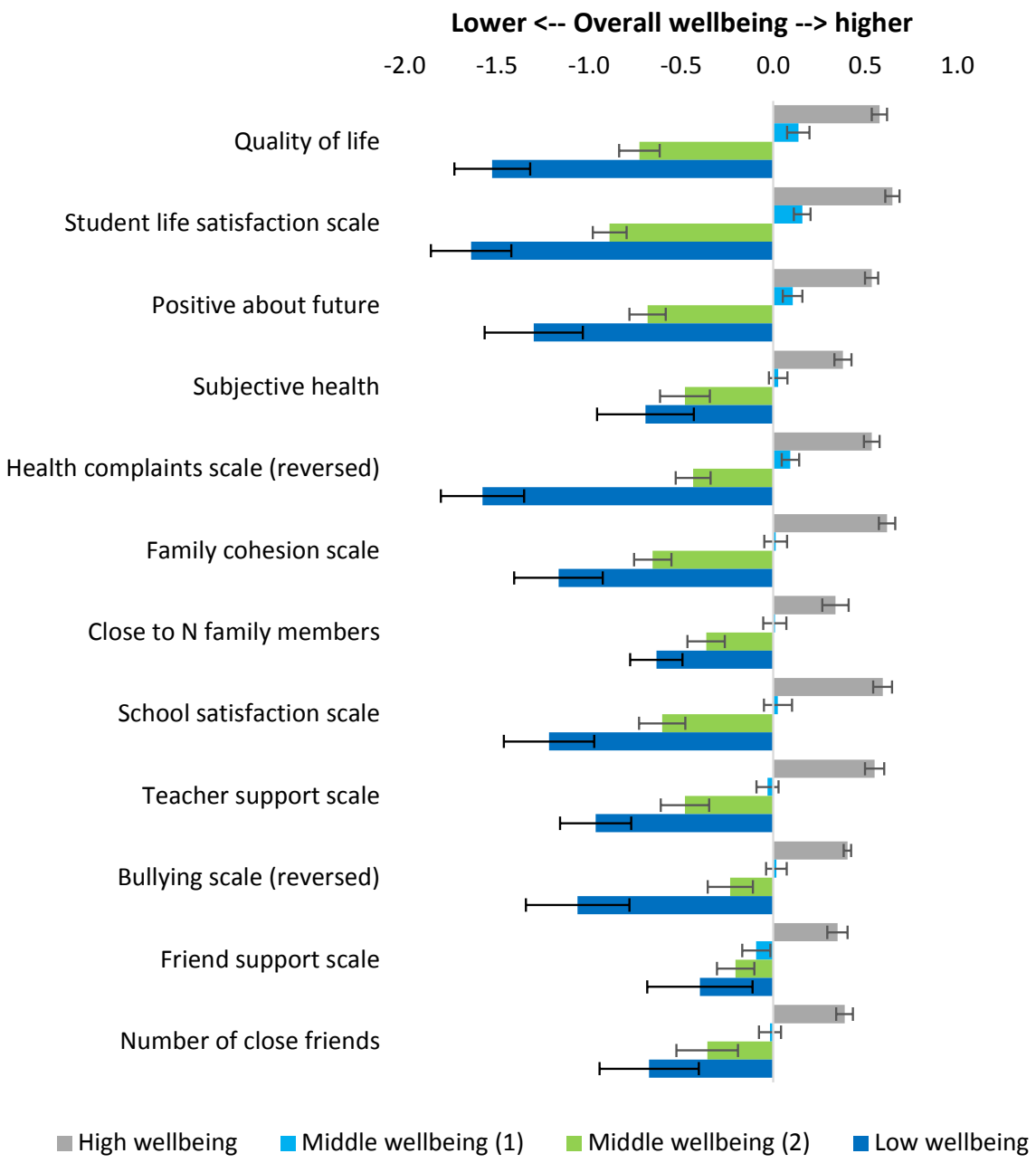
Figure 14.1: Average wellbeing scores for Years 4 and 6 clusters (z-scores)



Note: means are unweighted. Error bars represent 95% confidence intervals around the means.

Figure 14.2 shows z scores for the twelve wellbeing indicators for the four Year 8 clusters. As with the Years 4 and 6, scores on every indicator for the 'high wellbeing' cluster are above the mean, and scores for the 'middle wellbeing (1)' group are for the most part not notably different from the mean. Scores for the 'middle wellbeing (2)' group are all somewhat lower than the mean. Finally, scores for the 'low wellbeing' cluster are all considerably below the mean. For the latter cluster, eight of the indicators are about one standard deviation or more below the mean, suggesting very low levels of wellbeing in comparison with the average.

Figure 14.2: Average wellbeing scores for Year 8 clusters (z-scores)



Note: means are unweighted. Error bars represent 95% confidence intervals around the means.

Table 14.11 shows the density of marginalised groups in the different Years 4 and 6 and Year 8 clusters. Three overall points in particular are worth noting. First, among both samples, young people in the five marginalised groups comprise over half the membership of the 'low wellbeing' clusters (58% in Years 4 and 6, and 53% in Year 8). This corroborates other findings in this report, namely that young people in the identified marginalised groups are more likely to have low wellbeing than other young people. Second, marginalised young people make up about a fifth of the total in the 'high wellbeing' clusters in both Years 4 and 6 and Year 8 – that is, some young people in the marginalised groups appear to have very high wellbeing. Third, while young people with disability, young carers, materially

disadvantaged young people and Indigenous young people are especially over-represented in the 'low wellbeing' clusters, it is important to note that almost half of the participants in both year levels in the 'low wellbeing' cluster are not identified as being in any marginalised group. Membership of a marginalised group is a predictor of lower wellbeing across a range of domains, but an imperfect predictor, nonetheless.

Table 14.11: Share of young people in marginalised groups by wellbeing cluster (per cent)

	'High wellbeing' cluster			'Middle wellbeing' cluster (1)			'Middle wellbeing' cluster (2)			'Low wellbeing' cluster		
	%	95% CI		%	95% CI		%	95% CI		%	95% CI	
		LB	UB		LB	UB		LB	UB		LB	UB
Years 4 and 6												
Young people with disability	6.2	3.9	8.5	8.6	5.9	11.3	14.0	8.7	19.3	28.8	19.9	37.6
Young carers	4.5	2.2	6.7	6.6	4.5	8.7	12.7	7.1	18.2	12.5	5.9	19.1
Materially disadvantaged young people	6.7	4.0	9.4	11.9	9.0	14.7	12.0	6.3	17.7	26.3	15.3	37.2
Culturally and linguistically diverse young people	5.2	2.5	7.9	8.1	4.7	11.5	14.0	5.6	22.4	12.5	4.4	20.6
Indigenous young people	4.2	1.7	6.8	5.3	2.7	7.9	6.7	2.9	10.4	8.8	1.9	15.6
All marginalised young people	21.6	17.2	26.0	30.8	26.4	35.1	42.7	33.9	51.4	57.5	47.4	67.6
Year 8												
Young people with disability	4.1	2.5	5.7	9.3	7.7	11.0	17.1	12.9	21.3	25.9	20.7	31.1
Young carers	5.5	4.2	6.7	7.7	6.0	9.3	13.3	9.8	16.9	19.3	15.1	23.6
Materially disadvantaged young people	4.6	2.8	6.3	7.9	5.7	10.1	9.5	6.5	12.5	17.2	12.7	21.6
Culturally and linguistically diverse young people	5.1	3.0	7.3	7.2	4.9	9.5	6.0	3.1	8.8	5.5	2.4	8.5
Indigenous young people	1.8	0.9	2.7	3.1	2.0	4.2	4.6	2.3	7.0	7.3	4.1	10.5
All marginalised young people	18.8	15.8	21.9	28.5	25.2	31.8	38.6	33.5	43.6	52.6	47.4	57.7

14.6 Discussion

Wellbeing is intrinsically important for young people, and important for policy, as it is linked to outcomes that directly matter in terms of population health and human capital. While there is no universally agreed definition of wellbeing, for young people or for adults, the measures used together in the analysis in this chapter were chosen as a result of extensive dialogue with young people. Few would argue that the domains that young people chose – family, health, school and relationships, are important domains of wellbeing. They are all, moreover, moderately to strongly correlated with the fifth domain examined in this Chapter, that of life satisfaction.

The main finding in this Chapter is that young people in most marginalised groups experience low levels of wellbeing across all domains when compared with young people

who are not marginalised. In particular, wellbeing scores for young people with disability, young carers, young people who are materially disadvantaged and Indigenous young people are, on average, lower than the scores for young people who are not marginalised. As Chapter 4 shows, young people in these four of the most marginalised groups together comprise a large share of all young Australians in their middle years– a quarter or more.

The regression analysis moreover suggests that low wellbeing is more than a subjective assessment. Among young people in this sample, low wellbeing is associated with aspects of their lived experience that can be directly observed and measured, such as going to school or bed hungry and missing school. It is also closely associated with failure to engage in a range of out-of-school activities, including meeting with friends, and doing housework and caring for family members. Although further research is needed on this issue, it suggests that concrete steps to tackle concrete problems such as going hungry and missing school may improve the wellbeing of marginalised young people, but only if the complexities associated with these issues are recognised in policies that aim to address them.

The broad, multi-dimensional approach in this Chapter taken to defining and measuring wellbeing has also allowed greater focus on inter-relationships between different domains of wellbeing. In this respect, it is shown that indicators relating to school, health and family are moderately associated. The analysis also shows that associations between these domains are stronger among Year 8s than among Years 4 and 6s. More research is needed on this finding to examine whether indicators of wellbeing across domains systematically converge as young people go through adolescence, resulting, perhaps in greater polarisation among young people, between those with very high and those with very low wellbeing.

Finally, the chapter identifies and examines the characteristics of groups with high and low levels of wellbeing. Among both Years 4 and 6 and Year 8 samples, it is possible to identify large clusters with very high levels of wellbeing across all domains. However, it is also possible to identify sizeable clusters in both samples with very low levels of wellbeing across all domains (7% of young people in Years 4 and 6; 10% in Year 8). Over half of these clusters comprise young people in the marginalised groups discussed above.

The identification of these clusters of very low wellbeing across a range of domains in the population of young people presents a challenge for policy. If they can be identified, what can the service providers (especially in education and health) do in order to improve the lives of young people who fall into them? Focus on marginalised groups is important, but not on its own sufficient, as close to half of young people who report very low wellbeing do not appear to be in a marginalised group. Rather, for policies that are concerned with improving young people's wellbeing, ensuring that services are accessible, welcoming and appropriate for all young people is clearly important.

There is an upside to such an approach in the context of educational goals that often emphasise formal learning outcomes, almost to the exclusion of other outcomes. As Brooks (2014: 5) argues,

> Children's wellbeing is influenced by a range of factors and includes their subjective feelings as well as social, physical and psychological aspects of their lives. Consequently schools are key places for shaping general wellbeing. The health and wellbeing of children and young people contributes to their ability to benefit from good quality teaching and to achieve their full academic potential.

In this context, it is worth emphasising the strong association between schooling indicators and overall wellbeing identified in this analysis. In this context, it seems unlikely that young people who experience low wellbeing across multiple domains will achieve their full academic potential.

14.7 Appendix

Table 14.12: Correlation matrix for wellbeing indicators, by year level

	High quality of life	High Life Satis-faction	Positive future	Good subject-ive health	Has few health comp-laints	High family coh-esion	Close to 2+ family mem-bers	High school satis-faction	Strong teacher Support	Has not been bullied weekly	High support from friend
Years 4 & 6											
High Life Satisfaction	0.720										
	(0.036)										
Positive Future	0.421	0.572									
	(0.055)	(0.046)									
Good subjective health	0.214	0.347	0.427								
	(0.079)	(0.072)	(0.068)								
Has few health complaints	0.420	0.485	0.303	0.332							
	(0.055)	(0.052)	(0.060)	(0.074)							
High family cohesion	0.361	0.532	0.333	0.308	0.229						
	(0.057)	(0.048)	(0.058)	(0.074)	(0.062)						
Close to 2+ family members	0.209	0.269	0.233	0.267	0.269	0.382					
	(0.080)	(0.076)	(0.079)	(0.095)	(0.078)	(0.071)					
High school Satisfaction	0.382	0.494	0.470	0.411	0.254	0.353	0.246				
	(0.066)	(0.059)	(0.061)	(0.078)	(0.072)	(0.066)	(0.090)				
Strong teacher Support	0.249	0.457	0.300	0.498	0.180	0.401	0.313	0.597			
	(0.071)	(0.060)	(0.069)	(0.070)	(0.074)	(0.063)	(0.085)	(0.058)			
Has not been bullied weekly	0.341	0.413	0.236	0.293	0.603	0.054	0.232	0.306	0.298		
	(0.057)	(0.053)	(0.061)	(0.074)	(0.044)	(0.064)	(0.077)	(0.068)	(0.067)		
High support from friend	0.224	0.257	0.238	0.253	0.174	0.318	0.349	0.211	0.363	0.108	
	(0.062)	(0.060)	(0.061)	(0.076)	(0.064)	(0.058)	(0.072)	(0.072)	(0.065)	(0.063)	
Close to three or more friends	0.371	0.338	0.282	0.219	0.312	0.346	0.300	0.248	0.227	0.259	0.340
	(0.058)	(0.059)	(0.062)	(0.080)	(0.061)	(0.058)	(0.077)	(0.073)	(0.073)	(0.061)	(0.059)
Year 8											
High Life Satisfaction	0.728										
	(0.021)										
Positive Future	0.568	0.635									
	(0.028)	(0.025)									
Good subjective health	0.436	0.478	0.390								
	(0.038)	(0.036)	(0.039)								
Has few health complaints	0.528	0.594	0.498	0.385							
	(0.030)	(0.027)	(0.031)	(0.040)							
High family cohesion	0.455	0.532	0.409	0.347	0.410						
	(0.030)	(0.027)	(0.031)	(0.038)	(0.032)						
Close to 2+ family members	0.414	0.446	0.322	0.244	0.316	0.435					
	(0.036)	(0.034)	(0.038)	(0.047)	(0.039)	(0.033)					
High school Satisfaction	0.421	0.510	0.488	0.283	0.498	0.420	0.295				
	(0.032)	(0.029)	(0.030)	(0.041)	(0.030)	(0.030)	(0.038)				
Strong teacher Support	0.352	0.393	0.415	0.311	0.352	0.375	0.280	0.574			
	(0.034)	(0.032)	(0.032)	(0.041)	(0.035)	(0.031)	(0.039)	(0.027)			
Has not been bullied weekly	0.356	0.428	0.268	0.214	0.565	0.208	0.180	0.373	0.221		
	(0.036)	(0.034)	(0.038)	(0.046)	(0.030)	(0.037)	(0.044)	(0.035)	(0.039)		
High support from friend	0.198	0.240	0.158	0.079	0.144	0.254	0.185	0.219	0.193	0.143	
	(0.040)	(0.039)	(0.040)	(0.050)	(0.043)	(0.037)	(0.044)	(0.039)	(0.040)	(0.044)	
Close to three or more friends	0.304	0.362	0.241	0.217	0.307	0.209	0.215	0.242	0.211	0.295	0.331
	(0.038)	(0.036)	(0.039)	(0.047)	(0.039)	(0.038)	(0.044)	(0.039)	(0.040)	(0.041)	(0.040)

Note: Correlation coefficients (ρ) between the indicators are polychoric. Standard errors in parentheses. All coefficients are significant at $p<0.01$.

Chapter 15 Family Health Concerns

15.1 Key Findings

- Approximately 25% of participants reported a family health concern (FHC), though rates varied slightly across each year level and each FHC.
- Participants who reported a FHC also reported experiencing more frequent psychosomatic symptoms than participants without a FHC.
- Year 8 female participants with FHC reported a higher symptom load than male participants with FHC. However, there was no difference in symptom load between the sexes with FHC at Years 4 and 6.
- Materially disadvantaged young people and young people with disability were more likely to report FHCs than non-marginalised young people. Furthermore, materially disadvantaged young people with a FHC and young people with disability and a FHC had a higher symptom load than non-marginalised young people, and both marginalised groups without a FHC.
- Indigenous young people were more likely to report a FHC than non-Indigenous young people, however symptom load did not differ between the two groups.
- Higher levels of family cohesion among young people with FHCs are associated with lower health symptom loads: participants who report a FHA experienced higher symptom load than their peers, but that this difference was reduced if they also reported high levels of family cohesion.
- Due to one quarter of our sample reporting a FHC and the higher symptom load with a FHC, policy needs address the impacts of FHC and should consider population based approaches

15.2 Introduction

As is discussed in Chapter 6, the ACWP survey asked participants about whether there was someone in their family with disability or chronic illness, mental illness or depression, or a drug/alcohol problem. The first aim of this chapter is to provide an estimate of the prevalence of young people living with family health concerns (FHC). The analysis suggests that according to reports of young people themselves, approximately 25% live with a FHC. The second aim of the Chapter is to explore some of the characteristics of young people who live with FHCs. In particular, the analysis explores the relationship between FHCs and young people's health complaints. The analysis also examines whether the relationship between FHCs and health is stronger for girls than for boys, and how identification in one of three marginalised groups (materially disadvantaged, disability, Indigenous) modifies the relationship between FHCs and health complaints. These groups were chosen as they were shown to be highly disadvantaged in a range of wellbeing measures (Chapter 14). Finally, the association between family cohesion and FHCs is also explored in order to test the hypothesis that high levels of family cohesion may have a protective effect against health complaints in the context of FHCs.

The chapter is organised as follows. Literature on FHCs and health complaints is discussed in Section 15.3. Section 15.4 describes data and method used in the analysis. Findings are presented in 15.5, and the implications of the results are considered in Section 15.6.

15.3 Literature

At present, there are no reliable estimates of the prevalence of FHCs reported by young people in Australia. While some previous work has estimated the occurrence of FHCs by type, other work has used clinical samples or parent report to estimate population rates. For example, a number of studies have looked at prevalence data for substance abuse within a family in high risk child samples (Besinger, Garland, Litrownik *et al.*, 1999; Chronis, Lahey, Pelham *et al.*, 2003; Murphy, Jellinek, Quinn *et al.*, 1991), and others have considered the number of mental health patients in a region on New South Wales who were parents (Howe, Batchelor and Bochynska, 2009), however, few studies have investigated prevalence in representative child samples and none to our knowledge have looked at overall FHC rates.

The estimation of prevalence of young people with FHCs is of policy importance as it is likely that they face additional challenges that may impact on their healthy development. For example, some work suggests that children who have a sibling with a chronic illness experience lower than average levels of psychological functioning, peer activities and cognitive development (Barlow and Ellard, 2006; Sharpe and Rossiter, 2002). More recent work has shown that siblings of a child with mental health difficulties are susceptible to a range of adjustment issues, though family functioning plays a significant role in this relationship. Other work has shown that young people who have parents with a mental illness may take on caring roles, which may conflict with participation in a range of activities (Maybery, Ling, Szakacs *et al.*, 2005). However, conclusions around the exact impact of these FHCs on the wellbeing of young people are often derived from parent reports (Guite, Lobato, Kao *et al.*, 2004), and none have looked at how the psychosomatic health of young people is associated with the presence of a FHC.

Though it is not uncommon for children and adolescents to experience a range of negative health symptoms (Cavallo, Zambon, Borraccino *et al.*, 2006), they are often found to be related to stressful situations, depression, anxiety and reductions in overall wellbeing. Some of the health complaints typically studied in this context are headache, backache and irritability (Ravens-Sieberer *et al.*, 2009). Given the connection between stressful situations and health-related symptoms (Fekkes, Pijpers, Fredriks *et al.*, 2006; Hesketh, Waters, Green *et al.*, 2005; Kivimäki, Vahtera, Elovainio *et al.*, 2002), this remains a significant gap in knowledge regarding health concerns in the family.

These analyses explore the association between having a family member with a chronic health concern and indicators of young people's own self-reported health. Data were collected on three types of FHC: drug/alcohol use, mental health concerns and chronic illness or disability. Factors expected to influence the association between FHC and child health include sex, material deprivation, identification in a marginalised group (disability or Indigenous) and family cohesion.

Sex

Consistently, research has shown that females are more likely to report higher symptom load than males (Cavallo *et al.*, 2006; Ravens-Sieberer *et al.*, 2009). Given that females are more likely to take on caring roles for sick or injured family members (Dearden and Becker, 2004) and that they are more likely to be affected by chronic illness or disability in siblings than males (Guite *et al.*, 2004), it is expected not only that females will report higher symptom load than males, but also that this difference between sexes will be greater for those who have a FHC, than those who do not.

Family cohesion

Family cohesion is theorised to provide young people with connection and security, and can serve as a protective factor for risk of adverse outcomes (Kliewer, Murrelle, Prom *et al.*, 2006). For example, higher family cohesion attenuates risk between exposure to violence and substance abuse (Kliewer *et al.*, 2006), increases the probability that young people from low income families will attend post-secondary education (Orthner, Jones-Sanpei and Williamson, 2004) and has been found to be a significant protective factor for families in which a parent suffered from depression (Place, Reynolds, Cousins *et al.*, 2002). Thus, it is expected that a young person who reports low family cohesion will experience a higher symptom load than a young person reporting high family cohesion, and that this will increase the association between FHC and symptom load in young people.

Material disadvantage

This study also explores the relationship between how material disadvantage modifies the association between FHC and the reported health of young people. Many studies have shown that higher symptom load is associated with lower social socio-economic status, a finding which corresponds with consistent reports of inequalities in self-reported health and family affluence (Currie *et al.*, 2008; Ravens-Sieberer *et al.*, 2009). As material disadvantage is associated with factors such as reduced health care visits, poorer parent relations, increased risk taking and obesity, all of which are known to be associated with poorer health outcomes (Bradley and Corwyn, 2002; Swallen, Reither, Haas *et al.*, 2005; von Rueden, Gosch, Rajmil *et al.*, 2006), this finding is unsurprising. It is expected that material disadvantage will increase the association between FHC and health concerns such that young people in materially disadvantaged families will report higher symptom load than those who are not materially disadvantaged, but that this difference will be greatest for those young people who also have a FHC.

Identification in other marginalised groups[5]

Though little work has considered the prevalence of FHCs among young people with disability or Indigenous young people, evidence regarding particular health concerns would suggest higher prevalence of FHCs in these groups overall. For example, our understanding of multigenerational disability (McNeil, 1993) predicts that young people with disability are more likely than young people without disability to have parents with disability. Further, parents of young people with disability are more likely to report increased mental health

[5] Note that young carers are not separately discussed in this Chapter, since carers as defined in the survey are a subset of survey participants with FHCs.

concerns such as anxiety and depression (Fombonne, Simmons, Ford *et al.*, 2001; Hastings, 2003; Olsson and Hwang, 2001; Singer and Floyd, 2006). In addition, research suggests a higher prevalence of substance misuse (Dawe, Frye, Best *et al.*, 2006; O'Leary, 2004), chronic illness (Hoy, Hughson, Singh *et al.*, 2006; Vos, Barker, Begg *et al.*, 2009) and mental health concerns (Larson, Gillies, Howard *et al.*, 2007) among Indigenous Australians than among non-Indigenous Australians. Given the strength of the relationship between subjective health, overall wellbeing and psychosomatic symptom load (Ravens-Sieberer *et al.*, 2009), it is predicted that young people who identify as Indigenous have higher rates of health complaints than those who do not, and that this difference is be greatest where there is also a FHC.

15.4 Method

Participants indicated that someone in their family had a chronic and/or debilitating health concern by responding to the following question: 'Is there anyone in your family who is seriously affected by:' (1) 'disability or long term illness', (2) 'depression or mental illness', or (3) 'using alcohol or other drugs'. Participants could select any combination of the three conditions or 'none of these'.

Psychological and somatic symptom load was measured by asking about eight psychological and somatic symptoms (feeling low, irritability or bad temper, feeling nervous, headache, stomach-ache, backache, difficulties in getting to sleep, and feeling dizzy – see Chapter 7). A total health symptom score was calculated by summing the frequency rating of the eight variables, giving a total score from 32. Participants with scores >15 were considered to experience frequent negative health symptoms (20.0% of the Years 4 and 6 participants and 15.7% of the Year 8 participants fell into this category).

Family cohesion was analysed using the question: 'How often in the past week have you spent time doing the following things with your family?' (see Chapter 6). Participants were also able to select a 'don't know' response which was not included in total score calculations. If 'don't know' was selected, or data was missing on any of the items, no total score was summed and the participant was excluded from analyses that used this variable. Total family cohesion scores were calculated by summing the scores on the three variables to create a total score from 0-9 where higher scores represent greater cohesion. A binary variable was also created where a score of ≤3 represented low cohesion (9.2% of the Years 4 and 6 participants, and 14.9% of the Year 8 participants indicated low family cohesion).

Young people with disability, young people who are materially disadvantaged and Indigenous young people were identified as discussed in Chapter 3. Where reference is made to non-marginalised participants, this group comprises of those not included in any of the three marginalised groups above (i.e. materially disadvantaged, disability, Indigenous).

15.5 Findings

Table 15.1 shows prevalence rates for family health concerns across the two age groups. These estimates are weighted to be representative all Australian students in Years 4 & 6, and in Year 8. Approximately one quarter of participants in both age groups reported a FHC. Among the Years 4 & 6 sample, 15.7% reported having a family member with a disability or long term illness, 10.2% reported depression or mental illness of a family member, and 8.9%

stated that a family member had a drug/alcohol issue. Prevalence rates reported by Year 8s were slightly higher: 15.5%, 13.4% and 9.4%, respectively for the three types of FHC.

Table 15.1: Prevalence of FHCs, by type and year level

	Disability/long term illness	Depression/Mental illness	Drugs/Alcohol	FHC overall
Years 4 & 6 %	15.7	10.2	8.9	24.0
(CI)	(11.1 – 20.4)	(7.4 – 12.9)	(5.8 – 12.1)	(19.3 – 28.6)
N	184	140	114	339
Year 8 %	15.5	13.4	9.4	25.4
(CI)	(13.8 – 17.2)	(11.1 – 15.7)	(7.6 – 11.2)	(22.8 – 27.9)
N	503	433	283	947

Note: percentages are weighted.

Table 15.2 shows the proportion of Year 4 and 6, and Year 8 participants within FHC groups by type of psycho-somatic symptom experienced more than weekly. For both Year levels, and for all eight symptoms, the proportions with a FHC experiencing a symptom were notably higher than the proportion without a FHC experiencing the same symptom. Among Years 4 and 6, the biggest difference between the two groups was for 'feeling irritable', (with FHCs: 29.1%; without FHCs: 10.4%). For all other symptoms, the percentages for those with FHCs were less than double percentages for those without FHCs. Among Year 8s, percentages of participants with FHCs experiencing six symptoms (stomach aches, backaches, feeling low, feeling irritable, feeling nervous and feeling dizzy) were about double the percentages of participants without FHCs experiencing these symptoms. Therefore, the larger gap in symptom load among Year 8 participants with and without FHCs was not associated with differences in any specific symptoms, but spread across most symptoms. The findings for Year 8 participants in particular are consistent with other research on psycho-somatic symptoms which shows that they generally occur in clusters (Ravens-Sieberer *et al.*, 2008).

Table 15.2: Prevalence, weighted proportions and chi-square test results for experience of each symptom more than weekly by FHC by year level

	Head-ache	Stomach-ache	Back-ache	Feeling low	Feeling irrit-able	Feeling Nerv-ous	Poor sleep	Dizzy	Two or more symp-toms	Symp-tom load (mean)
Years 4&6										
FHC % (*N*)	24.9 (89)	18.3 (64)	15.4 (56)	25.1 (87)	29.1 (92)	29.7 (103)	39.7 (142)	17.9 (69)	47.1 (152)	*10.1*
95% CI	18.1 – 33.9	12.6 – 25.7	10.9 – 21.1	19.5 – 31.6	21.8 – 37.7	23.5 – 36.8	32.5 – 47.3	10.5 – 28.7	36.9 – 57.5	*8.3 – 11.9*
No FHC% (*N*)	17.0 (194)	11.6 (133)	7.8 (97)	16.5 (187)	10.4 (140)	17.8 (188)	23.7 (291)	10.7 (125)	27.5 (304)	*7.1*
95% CI	13.7 – 20.9	9.0– 14.7	5.6 – 10.6	13.7 – 19.8	8.7 – 12.5	15.2 – 20.6	20.8 – 26.8	7.9 – 14.4	23.3 – 32.2	*6.5 – 7.6*
Corrected Pearson *F*	*F*(1, 86) = 8.997, *p* = .004	*F*(1, 86) = 4.57, *p* = .035	*F*(1, 86) 20.37, *p* < .001	*F*(1, 86) = 8.43, *p* = .005	*F*(1, 86) = 41.31, *p* < .001	*F*(1, 86) = 17.65, *p* < .001	*F*(1, 86) = 18.93, *p* < .001	*F*(1, 86) = 3.42, *p* = .067	*F*(1, 86) = 11.90, *p* < .001	
Year 8										
FHC % (*N*)	23.5 (235)	16.9 (161)	22.5 (193)	27.2 (251)	28.6 (265)	27.8 (264)	34.5 (333)	17.9 (174)	41.5 (380)	*11.2*
95% CI	19.7 – 27.9	14.2 – 20.1	18.4 – 27.2	23.3 – 31.5	24.1 – 33.6	23.8 – 32.1	30.3 – 39.1	15.6 – 20.5	36.6 – 46.6	*10.4 – 12.0*
No FHC % (*N*)	15.2 (425)	8.1 (248)	11.4 (330)	12.1 (342)	14.5 (396)	14.7 (422)	20.1 (557)	9.3 (256)	24.5 (643)	*7.6*
95% CI	13.3 – 17.3	6.8 – 9.6	9.9 – 13.2	10.3 – 14.2	12.7 – 16.6	12.9 – 16.5	17.9 – 22.6	7.7 – 11.2	21.7 – 27.6	*7.1 – 8.0*
Corrected Pearson *F*	*F*(1, 99) = 18.73, *p* < .001	*F*(1, 99) = 47.35, *p* < .001	*F*(1, 99) = 38.40, *p* < .001	*F*(1, 99) = 57.94, *p* < .001	*F*(1, 99) = 38.90, *p* < .001	*F*(1, 99) = 49.26, *p* < .001	*F*(1, 99) = 37.51, *p* < .001	*F*(1, 99) = 37.7, *p* < .001	*F*(1, 99) = 40.08, *p* < .001	

Note: percentages and means are weighted.

The final column of Table 15.2 shows mean symptom load for participants with and without FHCs, measured on a scale of 0-32, as discussed above. Years 4 and 6 participants who reported a FHC (*M* = 10.1, *SE* = 0.90) had a higher symptom load than those who did not (*M* = 7.1, *SE* = 0.28), (*t*(86) = 3.63, *p*<.001). The same was true for the Year 8 participants where the FHC group reported a higher symptom load (*M* = 11.2, *SE* =0.42) than the no-FHC group (*M* = 7.6, *SE* = 0.22), (*t*(99) = 8.15, *p*<.001).

Further analyses considered whether the type of FHC was associated with symptom load. OLS regression was used to assess the relationship between each of the three FHC types and overall symptom load (scored 0-32). Table 15.3 shows that among both Years 4 and 6 and Year 8 participants, symptom load is lowest where the FHC is a disability or chronic illness, and equally highest where the FHC relates to drug/alcohol addiction or mental illness. Although the FHC subsamples are not independent, the confidence intervals suggest that the differences between average symptom load for disability or chronic illness and the other two FHC types are not due to chance. The final column of Table 15.3 shows β coefficients associated with an Ordinary Least Squares regression model [symptom load = *f*(FHC disability, drug/alcohol addiction, mental illness)]. The model for Years 4 and 6 suggests that FHC disability is not notably associated with increased symptom load, while the other two FHC types are almost equally associated with increased symptom load. On the other hand, the model for Year 8 suggests that while all three FHC types are associated with increased symptom load, the effect is strongest in the case of drug/alcohol addiction.

Table 15.3: Relationship between different FHCs and overall health scores

	N	Mean health symptoms score	95% CI	Regression β
Years 4&6				
FHC-Disability	170	9.63	8.53 – 10.73	0.60
FHC- Mental illness	128	12.05	10.53 – 13.58	3.38***
FHC- Drugs	105	12.64	10.99 – 14.26	3.96***
Year 8				1.76***
FHC-Disability	503	11.15	10.28 – 12.14	5.08***
FHC- Mental illness	433	14.06	13.24 – 14.88	2.91***
FHC- Drugs	283	13.15	12.05 – 14.24	

Note: Means are unweighted and regression is performed on unweighted data. *β* coefficients derived from regression model health symptoms = *f*(disability, mental illness, drugs), estimated separately for Years 4 and 6 (N=1,408, R^2=0.055), and Year 8 (N=3,506, R^2=0.085).

Assessing associations between sex, family cohesion, marginalisation and symptom load among FHCs

To explore how individual characteristics modify the relationship between having a FHC and experiences of health symptoms, indicators for sex, marginalisation and family cohesion were added to the model. In general, females experience higher symptom load than males, and young people in some marginalised groups, such as those with disability, and those who are materially disadvantaged, experience higher symptom load than those who are not marginalised. Family cohesion can also be association with symptom load. The question of interest here is whether these differences are bigger among young people in these groups with and without FHCs.

Mean symptom load by FHC status for these groups are shown on Table 15.4**.** Asterisks in the columns indicate that differences in means between those without and those with FHCs within each group are statistically significant. Asterisks in the rows indicate that between groups for those with FHCs and those without FHCs are significant. The table shows that differences in symptom load among both males and females without and with FHCs are notable – for example, males without a FHC have a mean symptom load of 6.81, compared with a mean of 10.13 for males with a FHC (p<0.001). However, while the mean symptom load for males in Years 4 and 6 without a FHC is smaller than that for females without a FHC (6.81 vs. 7.79; p<0.05), the corresponding means for males and females with a FHC are not notably different from each other. At Year 8, differences in mean symptom load between males and females without and with FHCs are also large. Within the FHC groups, differences between males and females are larger than at Years 4 and 6. In particular, Year 8 females with FHCs have high average symptom loads (13.13, compared with 10.04 for males with FHCs, 8.38 for females with no FHCs). In other words, their symptom load appears to be associated with both their sex and their FHC status.

A similar pattern is evident among young people with disability. Indeed young people with disability and a FHC in Year 8 have the highest average symptom load (16.24) of all the groups represented on Table 15.4. Year 8 participants with FHC who are materially disadvantaged a have a higher symptom load compared with non-marginalised participants with a FHC (10.63), and materially disadvantaged participants without a FHC (11.68). However, there are few notable differences in means among Indigenous participants. This may be associated with the relatively small number of Indigenous participants in the

sample, but may also be associated with other cultural factors that warrant further examination.

Finally, Table 15.4 shows that in both year groups, participants reporting low family cohesion have higher symptom loads than participants reporting high family cohesion. Year 8 participants reporting low family cohesion who have a FHC have the highest mean symptom load (14.18), which is appreciably higher than the load for Year 8 participants reporting low family cohesion who do not have a FHC (9.34), or Year 8 participants reporting high family cohesion who also have a FHC (9.16). Overall, results in the Table suggest that symptom load is higher among participants with FHCs when other characteristics are taken into account, and especially high among females, young people with disability and participants reporting low family cohesion who also have a FHC.

Table 15.4: Symptom load by sex, marginalisation, family cohesion and FHC.

		Years 4 & 6			Year 8		
		No FHC	FHC		No FHC	FHC	
Sex (%)							
Boy	Mean	6.81	10.13	***	7.05	10.04	***
	(SD)	6.42	7.18		6.51	7.23	
	N	474	130		1362	351	
Girl	Mean	7.79	11.51	***	8.38	13.13	***
	(SD)	6.58	7.63		6.91	8.42	
	N	622	182		1285	508	
p(girl>boy)		*			***	***	
In marginalised group (%)							
With disability	Mean	10.71	13.34	*	11.68	16.24	***
	(SD)	7.86	7.51		7.76	8.34	
	N	86	64		186	174	
p(disability>not marginalised)		***	***		***	***	
Materially disadvantaged	Mean	8.19	11.17	***	8.78	14.49	***
	(SD)	7.94	8.19		8.02	9.19	
	N	112	60		176	110	
p(materially disadvantaged>not marginalised)					*	***	
Indigenous	Mean	8.79	10.34		10.51	10.81	
	(SD)	8.47	7.56		8.41	8.53	
	N	57	32		69	48	
p(indigenous>not marginalised)					**		
Not marginalised	Mean	6.75	9.82	***	7.34	10.63	***
	(SD)	5.88	7.15		6.46	7.54	
	N	748	114		2068	350	
p(marginalised>not marginalised)		***	*		***	**	
Low family cohesion (scale score - 0-5)	Mean	8.95	12.59	***	9.34	14.18	***
	(SD)	7.26	8.05		7.19	8.36	
	N	277	93		828	396	
High family cohesion (scale score - 6-9)	Mean	6.62	9.93	***	6.54	9.16	***
	(SD)	5.93	6.68		6.17	6.86	
	N	688	166		1478	356	
p(low cohesion> high cohesion)		***	**		***	***	

Note: Means are unweighted. P-values in columns denote significance of difference between FHC and non-FHC samples; p-values in rows denote significance of difference between population groups within FHC and non-FHC samples; *p<.05, **p<.01, ***p<.001. Source: ACWP survey, authors' calculations.

We now model these relationships simultaneously using an OLS regression approach. We model five separate equations:

1. *H = f(s, c, d, m, i)*
2. *H = f(s, c, d, m, i, f1)*

3. *H = f(s, c, d, m, i, f2)*
4. *H = f(s, c, d, m, i, f3)*
5. *H = f(s, c, d, m, i, fhc)*

where *H* is symptom load (0-32), *s* is participant's sex (female=1), *c* is participant's family cohesion score (in z-scores; mean=0; SD=1); *d* is young person with disability (0/1); *m* is materially disadvantaged participant (0/1); *i* is Indigenous participant; *f1* to *f3* are FHC – disability, mental illness and drug/alcohol addiction, respectively, and *fhc* is any FHC. In equations 2-5, the FHC indicator is interacted with *s*, *c*, *d*, *m* and *i*. Table 15.5 shows that for Year 4 and 6 participants, Model 1, with just the controls, explains 9.8% of variation in health symptoms, with indicators for sex, family cohesion and young person with disability all significant. The former two increase symptom load, while the latter decreases it. The addition of the disability/chronic illness FHC indicator (Model 2) increases the percentage of symptom load explained only marginally (to 10.7%). However, the FHC – disability indicator is significant, as is the FHC x Indigenous interaction. When FHC – mental illness is included (Model 3), the FHC indicator itself is not significant, but the symptom load of females reporting a FHC – mental illness is 2.8 points higher than that of males reporting a FHC. The addition of FHC – drug/alcohol addiction (Model 4) has the opposite effect, and reduces females' symptom load relative to that of males. Where any FHC is added (Model 5), 12.8% of variation in symptom load is explained, and while the FHC indicator is significant, none of the interactions is significant. Table 15.6 shows that for Year 8 participants, patterns are broadly similar with respect to the effect of FHCs, except that the interaction of FHCs and Indigenous is significant for FHC – drug/alcohol addiction and all FHCs, and the interaction of FHCs and family cohesion is significant in the case of FHC – mental health, FHC – drug alcohol addiction and all FHCs. With respect to both interactions, the effect is negative – that is, Indigenous participants with FHC – drug/alcohol and any FHC have *lower* symptom loads than non-Indigenous participants with FHCs; and (less surprisingly) participants reporting high levels of family cohesion and FHCs have lower symptom loads than participants reporting lower levels of family cohesion and FHCs. To summarise, Table 15.5 and Table 15.6 show that after controlling for participant sex, belonging to a marginalised group and family cohesion, there is still, in all cases except FHC–mental illness with the Year 4 and 6 participants, and in all cases except FHC–disability with the Year 8 participants, a significant positive association between FHCs and symptom load. In both these cases, there is a significant positive association between FHCs and symptom load for females, but not for males.

Table 15.7 to Table 15.12 in the Appendix show β coefficients for the same five models, conducted on each of the three marginalised sub-samples. These confirm that for young people with disability in Years 4 and 6, there are no significant associations between FHCs and symptom load. For materially disadvantaged participants on the other hand, there are significant associations between FHC–drug/alcohol addiction, any FHC and symptom load. For Indigenous participants, there are significant associations between FHC–mental illness and FHC–drug/alcohol addiction on the one hand, and symptom load on the other, but with significantly lower symptom loads for females than for males, and in the case of FHC–drug/alcohol addiction only, a significant negative interaction between FHCs and family cohesion. Among Year 8s, associations between FHCs and symptom are generally stronger in the case of young people with disability and materially disadvantaged participants, but weaker in the case of Indigenous participants. In summary, participants in marginalised groups are likely to experience higher symptom load in the context of FHCs, but that

experience varies somewhat among the different marginalised groups examined in this paper.

15.6 Discussion

Results of this study indicate that approximately one quarter of young people live with a FHC and that identification in a range of marginalised groups increases the prevalence of FHCs. Further, the presence of a FHC in a young person's life is associated with an increased risk of experiencing psychosomatic symptoms. However, the extent of this relationship varies considerably, depending on the type of FHC and the characteristics of the participant. This association is strongest in females and those with low family cohesion or material disadvantage.

Though this study is the first in Australia to consider a range of FHCs together, and from young people's perspectives, prevalence rates are comparable with some small bodies of work. Regarding depression/mental illness specifically, the rates found here (10.2% and 13.4% for years 4 and 6, and 8, respectively) are slightly lower than those reported by Mayberry and colleagues (2009) where 14.4% of children reported at least one parent with a mental health concern. New Zealand data from the 2012 cohort of the Youth 2000 series, where a similar question was asked ('Is there anyone in your home who is seriously affected by…') and the same response options as used here, were given, indicates slightly lower reported rates than in Australia (disability/long term illness: 10.65%, depression/mental illness: 7.79%, and alcohol/other drugs: 8.39%) (Adolescent Health Research Group, 2012). One potential reason for these differences may be the slightly older age cohort assessed in the New Zealand work (years 9-15). Our results show a decline of reported FHCs from primary to secondary school, and this trend may continue throughout high school.

A difference between the exact question asked by the ACWP and that in the Youth '12 survey may also account for some of this variability. The ACWP chose to reframe the question as 'family' rather than 'anyone in your home' largely due to Phase One findings that highlighted variability between marginalised and mainstream young people in how they defined family, as well as the complexities around the living situation for many young people (Skattebol *et al.*, 2013). Ensuring that young people were able to identify their own voice in the ACWP survey was vital to guarantee that responses reflected young people as the subject of the work, rather than as objects of it (Mason and Danby, 2011). In this sense, these data are also unique and important, as we hear from young people about whether they consider their experience to include a FHC, rather than these rates being assessed via parent or other reporting lines.

Considering that approximately one quarter of the young people sampled reported a FHC, policy should consider population based approaches. Though these data are cross-sectional and causal inference cannot be drawn, it can be hypothesised that having a family member with a chronic and/or debilitating illness leads to an increase in stress levels, resulting in this group of young people reporting considerably higher psychosomatic symptoms. This is supported by significant evidence that shows a relationship between stressful situations and the development of adverse health symptoms (Fekkes *et al.*, 2006). However, even if the relationship between FHC and symptom frequency in these young people is not causal, it does not detract from the importance of attempting to reduce these adverse experiences for this group. Possibly, it also provides health workers with reason to consider whether a FHC is present if a child presents with reports of frequent and consistent experience of

psychosomatic health symptoms and to identify families that require support that may not otherwise have come to their attention. Importantly, mental health and drug and alcohol concerns in a family member were more strongly associated with symptom load than disability, which may relate to increased stress or stigma associated with health concerns that are potentially more invisible or shameful. We have good understanding of how adolescents and adults can experience shame and stigma in relation to family member's substance use or mental health (Corrigan, Watson and Miller, 2006), often due to the perception that they are responsible for it (Corrigan *et al.*, 2006), however, further work needs to consider how young people experience this in their family members. Better linkage across community support services and schools, especially, is an important target to lessen the risk of future mental health problems for young people (Australian Health Disaster Management Policy Committee, 2009).

Our data show that, as predicted, some minority groups were more likely to first, report a FHC, and second, have increased symptom load. In the Year 8 sample, females were much more likely to report a FHC than males, though there was no difference in reporting rates across sexes in the younger Year levels. This may relate to young females being more likely to take on a caring role than males (Dearden and Becker, 2004; Martin 2006; Pakenham, Chiu, Bursnall *et al.*, 2007) and that it emerges with age may be at least partly due to emerging gender roles where young male carers felt greater threat to their identity both as a male and in terms of status (a family need for care perceived to render them 'low-status') (Bolas , Van Wersch and Flynn 2007). Possibly, these gender and status threats for males make them less likely to report FHCs, especially in the high school years.

Year 8 females were also more likely to report higher symptom load than males and this difference in symptoms across sexes was greatest when a FHC was present. This too, may relate to the increased caring roles taken on by females (Dearden and Becker, 2004; Martin 2006; Pakenham *et al.*, 2007) . It may be that, for females, work load is increased which leads to higher stress and related symptoms or, perhaps by influencing symptom load directly as a product of the toll of the care.

Higher family cohesion appears to attenuate risk for poor health outcomes for young people who live with FHCs. This finding provides excellent insight into methods by which interventions may assist with reducing the impact of FHCs on child health. In families with higher cohesion it is likely there are two modes by which risk of poor health outcomes are reduced. First, parents in these families are likely to monitor their young people more closely, which makes it more likely that any negative health symptoms can be addressed (Kliewer *et al.*, 2006). Second, where family cohesion is high, perceived support and safety are also likely to be high (Fazel, Reed, Panter-Brick *et al.*, 2012; Juang and Alvarez, 2010; Kliewer *et al.*, 2006). This would be expected to reduce stress in young people as they are provided with a space in which pressures or anxieties can be processed, potentially reducing the individual load and, thus, minimising health symptoms.

Indigenous young people and materially disadvantaged young people reported higher rates of FHCs overall was not surprising, as studies exploring different parental health concerns found higher rates of parental illness for these groups, particularly in relation to mental health concerns (Larson *et al.*, 2007; Leventhal and Brooks-Gunn, 2003) and substance use (Bradley and Corwyn, 2002; Dawe *et al.*, 2006; O'Leary, 2004). This work, however, expands on previous findings by providing figures relating to FHCs generally which provides

opportunities for intervention, especially as subsequent findings suggest child health is negatively related to presentation of FHCs.

Interestingly, there were differences in the relationship between FHC type and health symptom scores. For both age groups, the lowest association between FHC and health symptoms was seen for those who reported a disability as the FHC, and the highest was for mental illness. Though this paper is novel in its ability to differentiate the relative impact of different FHCs, the literature describing the impact of parental mental illness certainly suggests a wide spread impact on young people in the home. For example caring responsibilities taken on by young people of parents with mental illness sometimes see this restrict involvement with school and extra-curricular activities (Maybery *et al.*, 2005) and social and academic competency has been seen to be lower in this group of young people as well (Mensah and Kiernan, 2010). Though our study does not identify the person in the family with a mental health concern, it is interesting that these results show this to impact more than the other FHCs studied. Notably, for the young people who reported a FHC-disability, there was little to no relationship between this and overall symptom load. To some extent this result was surprising, as potential caring roles for young people may be expected here which would have similar impact on a young person's life. The qualitative differences between these experiences of FHCs should be investigated in future work.

Outside of the symptoms being a marker for stress and general wellbeing, an alternative explanation for the results could be that young people who live with someone with a chronic and/or debilitating health concern may be more aware of heath and negative symptoms and, thus, report a higher frequency of health concerns. Essentially, it could be that living with a FHC could result in a socialisation process that makes a young person more likely to report discomfort, even if it is occurring at levels similar to non-reporters. This increased acknowledgement of physical discomfort has been studied in adults (Barsky, Peekna and Borus, 2001), though less so in young people.

The finding that higher family cohesion attenuates risk of poor health outcomes provides some potential insight into modes by which young people and families may be supported. Increased family cohesion may provide some protection against any stressors that emerge as a result of the FHC. Future work is needed to assess this and other methods by which poorer health outcomes for young people with FHCs can be addressed.

15.7 Appendix

Regression tables

Table 15.5: Regression Years 4 & 6 - β coefficients

Variables	(1) Controls only	(2) Disability/ chronic illness	(3) Mental illness/ depression	(4) Drug/alcohol addiction	(5) Any family health concern
Family health concern		2.598**	1.870	4.792***	3.421***
		(1.035)	(1.157)	(1.166)	(0.835)
Respondent is female	1.124***	1.238***	0.757**	1.178***	1.111***
	(0.332)	(0.402)	(0.342)	(0.362)	(0.412)
Family health concern*female		-0.843	2.840**	-2.180*	-0.305
		(1.374)	(1.399)	(1.305)	(0.976)
Young person with disability	3.849***	3.952***	3.374***	3.734***	3.397***
	(0.586)	(0.706)	(0.666)	(0.650)	(0.904)
Family health concern*young person with disability		-1.579	0.733	-0.794	-0.417
		(1.623)	(1.433)	(1.995)	(1.378)
Materially disadvantaged young person	0.645	1.031	0.707	0.537	0.883
	(0.655)	(0.723)	(0.670)	(0.683)	(0.728)
Family health concern*materially disadvantaged young person		-2.660	-1.168	-0.683	-1.544
		(2.063)	(1.958)	(2.191)	(1.362)
Indigenous young person	0.606	1.175	0.883	0.581	1.120
	(0.805)	(0.819)	(0.866)	(0.880)	(0.953)
Family health concern* Indigenous young person		-4.240**	-2.897	-0.218	-2.130
		(1.797)	(1.982)	(3.316)	(1.849)
Family cohesion (z score)	-1.554***	-1.551***	-1.500***	-1.423***	-1.388***
	(0.234)	(0.263)	(0.217)	(0.262)	(0.259)
Family health concern*family cohesion		0.0118	-0.327	-0.673	-0.388
		(0.887)	(0.788)	(0.697)	(0.495)
Constant	7.118***	6.848***	7.019***	6.867***	6.512***
	(0.337)	(0.350)	(0.332)	(0.344)	(0.353)
Observations	1,206	1,206	1,206	1,206	1,206
R-squared	0.098	0.107	0.125	0.114	0.128

Note: calculated from unweighted data. Standard errors in parentheses; *** p<0.01, ** p<0.05, * p<0.1

Table 15.6: Regression Year 8 - β coefficients

Variables	(1) Controls only	(2) Disability/ chronic illness	(3) Mental illness/ depression	(4) Drug/alcohol addiction	(5) Any family health concern
Family health concern		0.858	2.155***	2.479***	1.591***
		(0.532)	(0.579)	(0.924)	(0.406)
Respondent is female	1.706***	1.499***	1.225***	1.579***	1.125***
	(0.247)	(0.252)	(0.263)	(0.256)	(0.272)
Family health concern*female		1.443*	1.824**	-0.0629	1.472**
		(0.800)	(0.782)	(1.047)	(0.632)
Young person with disability	4.940***	4.440***	4.015***	4.691***	3.756***
	(0.503)	(0.603)	(0.530)	(0.548)	(0.642)
Family health concern*young person with disability		0.959	0.995	0.481	1.072
		(1.053)	(1.103)	(1.680)	(1.016)
Materially disadvantaged young person	1.466***	1.253***	0.858	1.057**	0.528
	(0.432)	(0.440)	(0.529)	(0.516)	(0.541)
Family health concern*materially disadvantaged young person		0.703	0.326	1.060	1.243
		(1.712)	(1.282)	(1.628)	(1.269)
Indigenous young person	0.594	0.598	0.863	1.211	1.655
	(0.704)	(0.878)	(0.866)	(0.737)	(1.072)
Family health concern* Indigenous young person		-0.483	-2.147	-5.963**	-3.195*
		(2.065)	(1.904)	(2.551)	(1.685)
Family cohesion (z score)	-1.965***	-1.936***	-1.653***	-1.807***	-1.628***
	(0.136)	(0.151)	(0.130)	(0.143)	(0.149)
Family health concern*family cohesion		-0.0328	-0.890**	-0.862*	-0.608*
		(0.360)	(0.383)	(0.517)	(0.307)
Constant	6.946***	6.872***	6.874***	6.848***	6.715***
	(0.184)	(0.170)	(0.181)	(0.182)	(0.168)
Observations	3,031	3,031	3,031	3,031	3,031
R-squared	0.162	0.171	0.193	0.175	0.192
N	3,031	3,031	3,031	3,031	3,031

Note: calculated from unweighted data. Standard errors in parentheses; *** p<0.01, ** p<0.05, * p<0.1

15.8 Appendix

Marginalised groups – Years 4 and 6

Table 15.7: Young people with disability

Variables	(1) Controls only	(2) Disability/ chronic illness	(3) Mental illness/ depression	(4) Drug/alcohol addiction	(5) Any family health concern
Family health concern		0.950	2.607	2.349	3.451
		(2.122)	(2.493)	(2.929)	(2.208)
Respondent is female	2.059*	2.592**	1.678	1.920	2.666
	(1.074)	(1.204)	(1.269)	(1.314)	(1.635)
Family health concern*female		-1.624	2.381	-0.544	-1.289
		(2.991)	(3.049)	(3.729)	(2.556)
Family cohesion (z score)	-1.971***	-2.727***	-2.170***	-1.650*	-2.673***
	(0.681)	(0.733)	(0.705)	(0.910)	(0.990)
Family health concern*family cohesion		3.417**	0.503	-0.570	1.634
		(1.612)	(1.343)	(1.481)	(1.277)
Constant	10.51***	10.06***	9.910***	10.29***	9.063***
	(0.888)	(0.910)	(0.963)	(0.995)	(1.275)
Observations	125	125	125	125	125
R-squared	0.101	0.146	0.148	0.113	0.140

Note: calculated from unweighted data. Standard errors in parentheses; *** p<0.01, ** p<0.05, * p<0.1

Table 15.8: Materially disadvantaged young people

Variables	(1) Controls only	(2) Disability/ chronic illness	(3) Mental illness/ depression	(4) Drug/alcohol addiction	(5) Any family health concern
Family health concern		0.992	0.379	6.770**	3.405*
		(2.775)	(2.845)	(2.704)	(1.942)
Respondent is female	-0.596	0.152	-1.083	-0.247	-0.0711
	(1.327)	(1.429)	(1.489)	(1.475)	(1.702)
Family health concern*female		-2.985	3.627	-5.128	- 2.286
		(3.548)	(4.329)	(3.511)	(2.805)
Family cohesion (z score)	-2.476***	-2.974***	-2.429***	-2.289***	-2.843***
	(0.639)	(0.728)	(0.703)	(0.844)	(0.946)
Family health concern*family cohesion		2.459*	0.615	-0.268	1.137
		(1.341)	(1.674)	(1.634)	(1.196)
Constant	9.346***	9.170***	9.315***	8.726***	8.601***
	(0.961)	(1.035)	(1.004)	(0.981)	(1.094)
Observations	138	138	138	138	138
R-squared	0.116	0.146	0.131	0.142	0.135

Note: calculated from unweighted data. Standard errors in parentheses; *** p<0.01, ** p<0.05, * p<0.1

Table 15.9: Indigenous young people

Variables	(1) Controls only	(2) Disability/ chronic illness	(3) Mental illness/ depression	(4) Drug/alcohol addiction	(5) Any family health concern
Family health concern		-3.723	5.739***	8.623***	4.477
		(3.130)	(1.460)	(2.167)	(2.683)
Respondent is female	2.120	2.477	2.551	2.803	3.835*
	(1.644)	(1.794)	(1.809)	(1.733)	(2.120)
Family health concern*female		-1.372	-5.343*	-9.355**	-6.470*
		(4.681)	(2.653)	(3.646)	(3.682)
Family cohesion (z score)	-2.838***	-3.001***	-2.967***	-2.412***	-2.601***
	(0.669)	(0.676)	(0.665)	(0.741)	(0.738)
Family health concern*family cohesion		3.466	7.251	-4.698***	-1.479
		(2.462)	(4.585)	(1.215)	(2.022)
Constant	8.361***	8.545***	8.140***	7.609***	7.217***
	(1.102)	(1.234)	(1.146)	(1.146)	(1.336)
Observations	66	66	66	66	66
R-squared	0.208	0.244	0.243	0.281	0.248

Note: calculated from unweighted data. Standard errors in parentheses; *** p<0.01, ** p<0.05, * p<0.1

Marginalised groups – Year 8

Table 15.10: Young people with disability

Variables	(1) Controls only	(2) Disability/ chronic illness	(3) Mental illness/ depression	(4) Drug/alcohol addiction	(5) Any family health concern
Family health concern		2.168	3.764**	7.135***	2.750*
		(1.495)	(1.693)	(2.161)	(1.495)
Respondent is female	3.172***	3.039***	2.108**	3.876***	2.149*
	(0.824)	(0.990)	(1.035)	(0.985)	(1.202)
Family health concern*female		0.700	0.185	-6.954**	0.899
		(2.078)	(2.102)	(2.981)	(1.919)
Family cohesion (z score)	-1.894***	-1.764***	-1.100	-1.736***	-0.984
	(0.515)	(0.638)	(0.674)	(0.554)	(0.828)
Family health concern*family cohesion		-0.398	-1.613*	-0.526	-1.127
		(1.009)	(0.969)	(1.437)	(1.056)
Constant	11.37***	10.75***	10.81***	10.61***	10.33***
	(0.567)	(0.789)	(0.693)	(0.616)	(0.912)
Observations	313	313	313	313	313
R-squared	0.111	0.133	0.185	0.147	0.164

Note: calculated from unweighted data. Standard errors in parentheses; *** p<0.01, ** p<0.05, * p<0.1

Table 15.11: Materially disadvantaged young people

Variables	(1) Controls only	(2) Disability/ chronic illness	(3) Mental illness/ depression	(4) Drug/alcohol addiction	(5) Any family health concern
Family health concern		5.290**	3.773	9.051***	4.366**
		(2.157)	(2.696)	(2.599)	(1.667)
Respondent is female	3.421***	3.723***	2.318**	4.160***	2.712**
	(0.922)	(0.989)	(0.935)	(1.022)	(1.036)
Family health concern*female		-2.106	1.097	-9.714***	-0.528
		(2.360)	(2.487)	(2.798)	(1.841)
Family cohesion (z score)	-2.593***	-2.989***	-2.132***	-2.238***	-2.034***
	(0.543)	(0.573)	(0.679)	(0.579)	(0.654)
Family health concern*family cohesion		2.093*	-0.620	-2.266**	-0.675
		(1.072)	(1.134)	(1.029)	(0.847)
Constant	8.064***	7.222***	7.551***	7.192***	6.864***
	(0.615)	(0.641)	(0.627)	(0.567)	(0.665)
Observations	247	247	247	247	247
R-squared	0.167	0.200	0.223	0.231	0.224

Note: calculated from unweighted data. Standard errors in parentheses; *** p<0.01, ** p<0.05, * p<0.1

Table 15.12: Indigenous young people

Variables	(1) Controls only	(2) Disability/ chronic illness	(3) Mental illness/ depression	(4) Drug/alcohol addiction	(5) Any family health concern
Family health concern		3.711	6.106	1.162	1.709
		(3.133)	(4.057)	(2.900)	(2.706)
Respondent is a girl	2.851*	3.336**	3.736**	2.959*	2.863
	(1.431)	(1.555)	(1.662)	(1.502)	(1.828)
Family health concern*girl		-0.946	-6.060	2.148	-0.240
		(3.892)	(4.428)	(3.747)	(3.082)
Family cohesion (z score)	-2.315***	-2.550***	-2.180***	-2.828***	-2.980***
	(0.632)	(0.752)	(0.733)	(0.658)	(0.821)
Family health concern*family cohesion		0.897	-0.429	3.403	1.607
		(1.530)	(1.627)	(2.037)	(1.458)
Constant	8.166***	7.119***	7.231***	8.026***	7.624***
	(1.093)	(1.268)	(1.216)	(1.176)	(1.470)
Observations	100	100	100	100	100
R-squared	0.157	0.182	0.191	0.184	0.172

Note: calculated from unweighted data. Standard errors in parentheses; *** p<0.01, ** p<0.05, * p<0.1

Chapter 16 Absolute Poverty and Capabilities

16.1 Key Findings

- The analysis used clothing and food deprivation measures, something for the most part ignored by policy makers, together with Amartya Sen's Capabilities Approach to argue that severe material deprivation impacts young people's development and educational opportunities.
- The survey data show that deprivation in the space of food and clothing is particularly concentrated among young people in marginalised groups, for example, young people with disability, young carers and Indigenous young people.
- These forms of deprivation are also strongly associated with reduced engagement at school – rates of hunger and clothing deprivation are higher among young people with low school engagement scores than among those with high school engagement scores.
- Data from in-depth interviews with young people show how these forms of deprivation impact their lives, how they experience (and try to avoid) shame, how they are excluded and marginalised, and how this impacts their education.
- The impact of this type of poverty on young people's wellbeing and development requires attention from policy makers, and suggests the need to address the kinds of absolute poverty discussed here.

16.2 Introduction

This chapter uses Australian young people's perspectives to analyse deprivation that they experience in the space of food and clothing. It is now widely accepted that the experience of poverty in childhood can severely impact on a wide range of physical, learning, social and emotional outcomes for children (Duncan and Brooks-Gunn, 2000; Duncan, Yeung, Brooks-Gunn *et al.*, 1998; Redmond, 2009). While the Great Recession of recent years has forced child poverty onto policy agendas in a number of rich countries (Dowler and O'Connor, 2012), policymakers in Australia have not focused on child poverty as a priority issue, even though the proportion of children falling below the standard relative poverty line (50% of median income) is significantly higher than the OECD average (OECD, 2014b), and welfare advocacy organisations have repeatedly drawn attention to the issue (ACOSS, 2014; Anglicare Australia, 2012). Australian policymakers have, on the other hand, accepted fairly uncritically the link between early childhood education and human capital development (Heckman, 2006; Shonkoff and Phillips, 2000), and while early childhood health, welfare and education services have expanded greatly in Australia since the turn of the century, there have been few explicit initiatives to target or reduce child poverty. This is surprising, given the known links between childhood poverty and later human capital outcomes, and given growing evidence, not only of relative poverty, but of severe deprivation among children and young people in Australia (Skattebol *et al.*, 2012).

This Chapter aimed to further understand severe deprivation and its effects among young people in Australia in three ways: first, by drawing on young people's own perspectives to examine two intrinsically important aspects of poverty – going hungry, and not having the

right clothes for social participation. Second, we use the quantitative survey data to provide estimates of the proportions of young Australians who report going to bed or school hungry, and who report not having the right clothes to fit in with their peers. We show that these two indicators are strongly associated with other indicators of poverty, and with engagement at school. Third, we also draw on data from in-depth interviews with materially disadvantaged young people to identify some of the processes through which deprivation in the space of food and clothing arises, and how it impacts on their school engagement.

We characterise deprivation in the space of food and clothing as capability deprivation because of the way children describe the effects of such deprivations in their lives. Going hungry can be categorised as absolute poverty, in the sense that adequate food is a basic need, and hunger is not a relative condition (Doyal and Gough, 1991; Streeten, Burki, ul Haq *et al.*, 1981). On the other hand, not having clothes to fit in and the shame that accompanies it can contribute to self-exclusion and adaptation to less desirable preferences. In this Chapter we argue that, however these deprivations are classified in terms of 'types' of poverty, they constitute absolute capability deprivation in children's lives (Sen, 1983, 1999). Our statistical analysis and young people's own descriptions suggest that these deprivations curtail their ability to access resources in education, which is a necessary antecedent for a future decent standard of living. Theory on poverty also suggests that these deprivations are often connected with shame (Walker, 2014). Amatrya Sen characterises hunger, shame and failure to be educated as absolute deprivations in the space of capabilities because they limit people's capability to lead lives they have reason to value (Sen, 1983, 1990, 1999). We take up Sen's Capability Approach to frame our examination of young people's perspectives on the relationship between inadequate food and clothing, and capability deprivation, and as the basis for exploring the association between poverty and engagement in education in the Australian context. Throughout, we use participative methods to privilege materially disadvantaged young people as competent experts in their own lives (Ridge, 2002; Ridge, 2007).

This Chapter is organised as follows: Section 16.3 discusses literature on poverty in the space of food and clothing, and its relationship to capability deprivation, and young people's perspectives on deprivation in the space of food and clothing. Data and methods of analysis are discussed in more detail in Section 16.4. Section 16.5 presents survey evidence and young people's own voices on food and clothing poverty, as well as examining associations between these two indicators of poverty and school engagement. Section 16.6 discusses the implications of the findings in the light of existing literature, and concludes.

16.3 Literature

Defining food and clothing poverty as severe deprivation

Severe deprivation can trigger intense responses in societies where it exists. In affluent societies such as Australia, neoliberal discourses around 'welfare dependency' characterise people who are dependent on welfare as either intellectually inferior, unfortunate, or unmotivated, and undeserving (Engels, 2006). Dowler and O'Connor (2012: 44) define food poverty as "the inability to acquire or eat quality or sufficient quantity of food in socially acceptable ways." They also highlight contemporary neoliberal discourses on food poverty that question "individual-level competencies within low income households" (p. 44). Families that fail to provide adequate nutrition for their children are 'othered' as at best incompetent, and at worst, as neglectful (Dowler and O'Connor, 2012). Walker (2014: 65)

argues that poverty is closely associated with shame in that people are made to feel that they have failed to live up to society's expectations. In this context, the policy problem of food and clothing poverty is transformed from a problem of access to resources to one of policing the behaviour of the 'underclass' (Levitas, 1998; Lister, 2004), and shaming people by labelling them as incompetent or inadequate (Walker, 2014).

It is in this sense that food and clothing poverty can be characterised as absolute capability deprivation (Sen, 1999, 2009). Sen's Capability Approach focuses on intrinsically valuable achievements – people's choices, opportunities and freedoms. Resources are instruments to support achievement of capabilities. Leather shoes afforded Adam Smith's labourer the achievement of avoiding shame in public and being able to participate in important customary social activities. Although Sen has never produced a definitive list of intrinsically important capabilities, he has given some examples, such as "the ability to be well nourished, to avoid escapable morbidity or mortality, to read and write and communicate, to take part in the life of the community, to appear in public without shame." (Sen, 1990: 126). In this context, we will argue that adequate food and clothing are not only intrinsically important for young people; they are also instrumentally important for the capability achievement of education, and for young people's development towards adulthood.

The Capability Approach has drawn on methods and techniques developed to measure a range of conceptualisations of poverty. Surveys used to calculated minimum adequate budgets, material deprivation and social exclusion include food and clothing as necessary costs, and tend to incorporate ideas about participation, dignity and avoidance of shame, for example by including indicators on people's ability to have friends to dinner, or the ability to buy new, not second-hand, clothes (Gordon, Mack, Lansley *et al.*, 2013; Levitas, Pantazis, Fahmy *et al.*, 2007; Pradhan and Ravallion, 2000; Saunders *et al.*, 2007). Sen (2000: 5) argues that social exclusion can be seen as "*constitutively a part* of capability deprivation as well as *instrumentally a cause* of diverse capability failures." What the social exclusion approach adds (and what the Capability Approach tends to overlook) is the issue of agency – the identification of individuals, institutions and social structures that cause some people to be excluded, and that can therefore choose to include them (Atkinson, 1998).

Young people's experience of food and clothing poverty

The Global Financial Crisis and the recession that followed in many affluent countries (but less so in Australia) has focused research attention on severe deprivation, including food and clothing deprivation, among children in rich countries (Dowler and O'Connor, 2012; Gordon *et al.*, 2013; Nord and Parker, 2010). Main and Bradshaw (2014a) use social exclusion survey data to show that 4% of children in the UK report not having, and wanting new, not second-hand, clothes. Cook and Frank (2008) emphasise the negative associations between food insecurity and child development, especially for girls. Using internationally comparable survey data for young people aged 11-15 years in 35 European countries, Molcho, Gabhainn, Kelly *et al.* (2007) show that on average, 14.6% report going to school or bed hungry at least sometimes, and find this to be significantly associated with other subjective health and wellbeing indicators.

Since the late 1990s, participative approaches that have sought the perspectives of children and young people themselves have increasingly been used in the literature in order to explain how poverty impacts on their lives. Young people's own perspectives have brought to the fore the 'moments' of exclusion and other impacts associated with deprivation – how

they happen, and how the young people themselves are affected. Ridge (2002), through extensive qualitative work with materially disadvantaged young people, documented the impact of poverty on their daily lives, for example, how 'poor' clothing marked them out as 'different', and often left them vulnerable to bullying and exclusion.

Research indicates that young people connect their capacity to consume and display 'brands' (from food brands to clothing brands) to their capacity to initiate and maintain desired social relationships. It has been suggested that young people are increasingly influenced by peer approval rather than family approval in their consumption behaviour. The symbolic meaning of products and brands can become more important as young people use possessions to symbolically communicate and affirm their desired identities and make inferences about peers based on their consumption choices (Elliott and Leonard, 2004; Lundby, 2012; Pugh, 2009; Roper and La Niece, 2009). Elliott and Leonard (2004) argue that young people (aged 8-12 years) are emotionally invested in clothing brands because of how they perceive clothes to determine value in their social relationships. Many young people in their study believed that if the trainers are obviously branded and expensive then the owner is well off, and conversely, if trainers are old or cheap then the owner is poor. Many young people in Elliott and Leonard's study indicated that they would be more interested in interacting with someone wearing branded trainers. Indeed, Elliott and Leonard found that young people felt under considerable pressure to wear the trainers that their friends wear, to fit in and to avoid the teasing that young people often reported experiencing if they were carrying visible signs of being poor. Keeping up with the latest consumption trends can be difficult for young people with restricted consumption opportunities and this can render them susceptible to social exclusion (Isaksen and Roper, 2008). Young people often exercise agency in curtailing their interactions with peers in order to avoid the perceived shame of being poor (Hooper, 2007; Skattebol *et al.*, 2012).

Existing literature shows that young people in rich countries have long experienced poverty in the space of food and clothing. However, most of the quantitative research on food and clothing poverty among children and young people to date has not attempted to combine analysis of statistical associations between food and clothing poverty and other outcomes (such as engagement at school) with analysis of children's voices to highlight the dynamics or routes through which these associations are put into practice in young people's lives. Our statistical estimates therefore aim to reflect and embody young people's own experiences of poverty and its consequences for one aspect of their development – their engagement in education. The survey data are used to document prevalences and statistical relationships, while the in-depth interview data are used to highlight some of the processes and 'moments' through which these relationships are enacted (Lareau, 2003).

16.4 Method

This Chapter used data from the ACWP and an earlier study to explore food and clothing poverty and its relationship to engagement in education in the Australian context. The earlier study, the *Making a Difference* Project, was designed to explore the perceptions of young people (aged between 11 and 17 years) who experience economic adversity in order to understand what it means to them, how they experience exclusion in the family, at school, and in the communities where they live, and identify what services they think can make a difference (Skattebol *et al.*, 2012). The project adopted a rights perspective which emphasises the importance of listening to young people, especially in matters concerning

them. Over 130 in-depth interviews with young people and their parents, and with teachers and service providers were analysed to explore implications for the quality, design and delivery of social, educational and other services available to young people facing economic adversity. Key themes identified in recent international research, in particular that of Ridge (2002; 2009) guided the development of the project and influenced how the interviews with the young people were conducted and how the data they produced were analysed.

In addition to the *Making a Difference* qualitative data, both qualitative and quantitative data from the ACWP are used in this Chapter. In the qualitative work for both projects, food and hunger, and clothing, were frequently raised without any prompting from the researchers. Therefore the survey included the following item (also used by Molcho *et al.*, 2007, discussed above) 'Some young people go to school or bed hungry because there is not enough food at home. How often does this happen to you?'

Across all school years, 173 respondents answered 'always' or 'often' to this question. Participants were also given a list of items 'that some young people of your age have', and were asked if they had it, and if not, whether they wanted it. One item was 'the right kind of clothes to fit in with other people your age'.

In the ACWP survey sample, a total of 331 participants reported not having and wanting the right kind of clothes. Analysis of the survey data in this Chapter focuses on responses from young people about their experience of these two forms of poverty, its concentration among marginalised groups, and young people's engagement in school.

School engagement is measured as a summary School Engagement index (range = 0-6) derived from six separate items or constructs: the school satisfaction scale (derived from six separate items); the teacher support scale (derived from three items); the bullying scale (derived from six items); a school performance indicator; a perception of school pressure indicator; and an absence from school indicator. All of these indicators are discussed in greater depth in Chapter 9. Because some of these items were only asked of Year 6 and Year 8 participants, Year 4 participants were excluded from this part of the analysis. Only 16 participants scored 0 on the School Engagement index, so for analytical purposes these were included in the category scoring 1 (N=66). Derivation of the School Engagement index is more fully explained in the Appendix to this Chapter. The Appendix also shows the relationship between each component indicator of the school engagement index and material deprivation, hunger, and not having the right clothes to fit in. In nearly every case, there is a notable relationship between these variables and the school engagement indicators – that is, material deprivation, hunger, and not having the right clothes to fit in are associated with lower levels of school engagement. However, as with other analyses in this report that focus on relatively small subsamples, statistical findings should be treated as indicative, as advised in Section 3.7.

Qualitative data from the in-depth research with young people is then used to deepen and nuance the survey findings. We discuss several emblematic stories to highlight some ways in which young people's experience of poverty can greatly exacerbate the difficulties they face in engaging at school. While we mainly focus on the stories of just a handful of young people, what binds them is how the experience of poverty compounds their disadvantage.

16.5 Findings

Experience of hunger and inadequate clothing

Prevalence

Table 16.1 shows that 3.5% of participants in the ACWP survey in Years 4 and 6, and 2.7% of participants in Year 8, reported going to bed or to school hungry 'often' or 'always' because there was not enough food at home (95% CI: 2.05-4.90% and 1.87-3.60%, respectively). The proportion who reported not having the right clothes to fit in was 6.7% of Years 4 and 6s (CI 5.01-8.32%), and 5.8% of Year 8s (CI 4.64-7.03%). Closer to one in ten (Years 4 and 6: 9.3%; Year 8: 8.1%) reported either going hungry or not having the right clothes. These proportions can be placed in the context of recent relative income poverty data for Australia, where 17.7% of young people aged under 15 years are estimated to be in poverty (Australian Council of Social Service, 2014). Participants living in households where nobody was in paid employment were more likely to report going to school or bed hungry than participants living in households with people in paid employment (6.1% vs. 3.1%; $t(5006) = 1.78$; $p = 0.037$). Participants living in a lone parent family were also more likely to report going school or bed hungry than participants in other types of family arrangements (4.9% vs. 2.9%; $t(4428) = 2.59$; $p = 0.005$). Although the proportions in jobless and lone parent families who reported not having the right clothes to fit in were also higher than in other families, the differences were not large.

Table 16.1: Overall prevalence of hunger and 'not the right clothes' among young Australians

	Often goes hungry to bed or to school (N=173)		**Does not have (and wants) the right kind of clothes to fit in with other people their age (N=331)**		**Either goes to school/bed hungry or does not have the right clothes to fit in (N=446)**	
	Percent	95% CI	Percent	95% CI	Percent	95% CI
Years 4 & 6 (N=1,455)	3.48	2.05-4.90	6.67	5.02-8.32	9.32	6.98-11.65
Year 8 (N=3,614)	2.73	1.87-3.60	5.83	4.64-7.03	8.11	6.82-9.40

Note: Percentages are weighted. Percentages differ slightly from those presented in Table 7.1 and Table 11.6 because observations with missing data on clothing or hunger are excluded from this analysis.

Table 16.2 shows that groups of participants who are often regarded as marginalised in the Australian context were more likely than other participants to go hungry and without the right clothes. These groups include young people with disability, young carers, and young Indigenous people. The table shows that with respect to both going hungry and not having the right clothes, young people with disability, young carers and young Indigenous people are more disadvantaged than young people who are not in any marginalised group: 5.8% of young people in any marginalised group report going hungry, compared with 2.0% of young people who are not in any marginalised group ($t(5003) = 7.14$; $p < 0.000$); with respect to clothing the comparable figures are 9.9% and 4.9% ($t(5003) = 6.60$; $p < 0.000$); and for hunger or clothing – 14.3% vs. 6.6% ($t(5003) = 8.70$; $p < 0.000$). In other words, going hungry and not having the right clothes is not only a manifestation of absolute poverty among young Australians – it is also concentrated among groups who are marginalised in other respects.

Table 16.2: Prevalence of hunger and 'not the right clothes' among marginalised groups (per cent)

	Often goes hungry to bed or to school (N=152)		Does not have (and wants) the right kind of clothes to fit in with other people their age (N=314)		Either goes to school/bed hungry or does not have the right clothes to fit in (N=437)	
	%	95% CI	%	95% CI	%	95% CI
Young people with disability (N=512)	6.05	3.98-8.13	10.15	7.53-12.78	15.04	11.93-18.15
Young carers (N=438)	7.53	5.05-10.02	14.16	10.88-17.43	19.18	15.48-22.88
Young Indigenous people (N=212)	8.96	5.09-12.84	10.38	6.24-14.52	16.98	11.89-22.08
Young people in any marginalised group (N=1,394)	5.81	4.58-7.04	9.90	8.33-11.47	14.28	12.44-16.11
Young people not in any marginalised group (N=3,611)	1.97	1.51-2.42	4.87	4.17-5.58	6.59	5.78-7.40

Note: percentages are weighted.

Young people's stories

Running short of money to buy food was often a vicious cycle in families who young people described as lurching from one payday to the next. Taylah (aged 11) lived with her mum who was working and got paid fortnightly, but often ran short running up to payday.

> *Mum always runs out of money and she has to borrow it and then she has to pay it back and then we don't have enough money to get food and stuff.*

Taylah's mum would borrow the money from her dad, who Taylah described as an alcoholic who only lived with her and her mum intermittently, or one of her brothers. When money ran low therefore, she did appear to have a network she could draw on for support. A number of young people we spoke with appeared to have similar support networks. However, some were wary about letting outsiders know about food and financial shortfalls and coping strategies that their families used. Jeffery (aged 13) noted that *'we are always borrowing'* but when asked 'who from?', stated *'I can't tell you that'.*

Experiencing food shortages was often more extreme when there was a confluence of significantly adverse events in a young person's life. Events sometimes included a family member getting sick or dying, break-up of a relationship in the household, or having to move homes for another reason. These adverse events combined with 'everyday' economic stress to create considerable uncertainty in some young people's lives. Gavin (aged 9) summed up the broader parameters of food insecurity and linked these to some of the more adverse effects:

> *You need food because if you don't have any food you'll be very hungry and you start stealing and you'll be like shoplifting from shops to get food. And you'll go really, really, really skinny.*

In linking lack of food with crime, Gavin was drawing attention to some potentially extreme outcomes of hunger. However, the context in which he raised this issue suggested some

experience (either personal or with somebody he knew) of some of these negative associations with food poverty.

Young people also indicated that not having clothing of the quality that was customary in their social circles was also difficult to manage. Fourteen year old Tahlia lived on hand-me-downs from her sister:

> *Yes. My mum doesn't really have money because of the bills and stuff but my sister has a job and gets money so when she gets clothes I get the other clothes but occasionally I get a couple of pieces of clothing that are on special, it is pretty hard but I get used to it. If people had to live on what we have to live on they wouldn't know what hit them.*

Tahlia uses the phrase, 'they wouldn't know what hit them' to indicate that people would experience shock and hardship if they had to make do with the limited resources she had. In families experiencing ongoing hardship, clothes were expensive to replace and addressing one resourcing need often meant going without another. Jeffery (introduced above) noted that:

> *My mum would take me to the Op shop because I keep on splitting my pants when I kneel down but she can't afford to buy me new pants. I don't get pocket money and have to make my own lunch and sometimes I don't even do that I just go to school with no food.*

These young people indicated they were often without clothes that are considered customary in their social worlds. While Adam Smith's characterisation of lack of adequate clothing speaks to a relative concept (what is customary), Sen's (1983) interpretation is that the shame that accompanies missing out on what is customary can be seen as an absolute capability failure. Young people are often very careful about how they articulate experiences of shame in interviews with researchers because they seek to protect their families and avoid positioning themselves as vulnerable (Skattebol *et al.*, 2012). Nevertheless, many of the young people we talked to showed acute awareness of the importance of clothing for fitting in, and intimated that they actively managed social exclusion and feelings of shame that could arise from it.

The young people we talked with appeared to know well, and feel, the associations between visible poverty and shame. They wanted decent clothes so that they did not feel ashamed. Sometimes, they could not invite friends to their homes, so as to keep secret their food poverty. Billie (aged 14) reported:

> *My mum doesn't like having [my friend] over when there isn't much food; she gets ashamed like she is going to go tell her mum. In case she says we didn't have much for dinner tonight.*

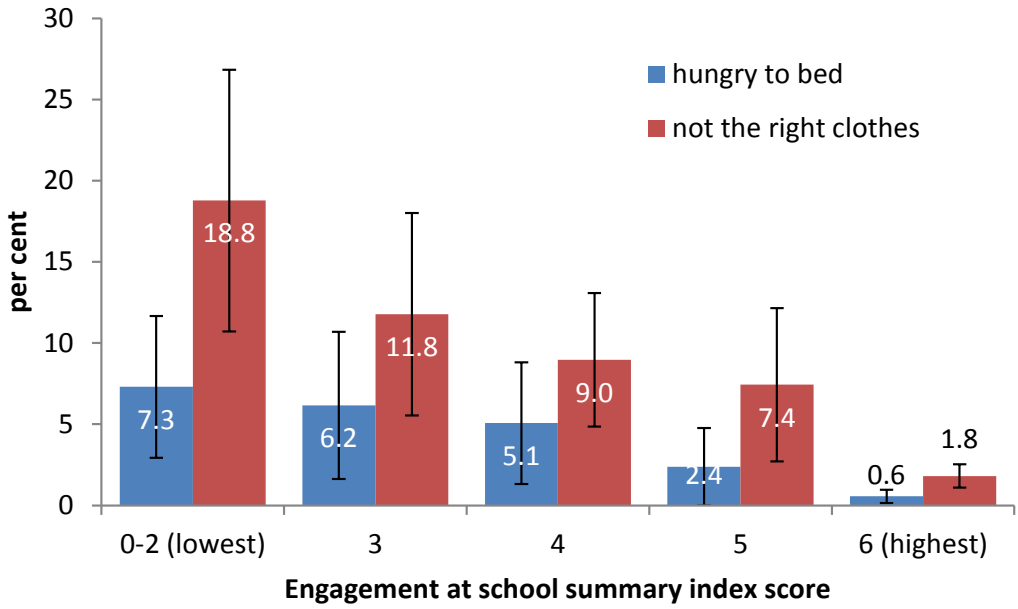
Pugh (2009) uses Goffman's (1955) concept of 'facework' to explain how materially disadvantaged young people seek to position themselves in order to avoid shame or stigma in their interactions with their peers. While not every young person we talked with appeared to feel shame or stigma over the clothes they wore, several, like Jeffrey, did. We did not record the facework that Shelley and Jeffrey engaged in with their peers, only the facework they engaged in with us, the researchers. However, some of the young people, such as Billie, nonetheless made clear to us the necessity of deploying shame avoidance

strategies in order to avoid shame in public. It seemed also that Linox (a 17 year old boy), whose shoes and clothes were very worn, was engaging in facework when he claimed his parents could get him anything he needed, while in another context stating he had trouble getting money for bus fares (see discussion in Skattebol *et al.*, 2012). As we argue in the next section, young people's need to protect themselves from shame had consequences, not only for their social interaction, but also for their engagement in school.

The effects of severe deprivation on school engagement

The discussion above draws on survey data to show that deprivation in the space of food and clothing is by no means uncommon in Australia, and on in-depth interviews with young people to illustrate how this deprivation occurs, and how it impacts on their lives. Figure 16.1 shows the association between deprivation in the space of food and clothing, and engagement at school. The School Engagement index, as discussed in Section 16.4 above, is a summary of six school engagement indicators, where 1 point is added to the index for the (roughly) eight in ten respondents with the most positive scores in each indicator (data on the six indicators is discussed in greater detail in the Appendix). A low score on this index therefore suggests a low degree of engagement at school, while a high score indicates a high degree of engagement. In total, only 66 observations (1.1%) with valid data scored 0 or 1 on the School Engagement index, while 2,805 (77.7%) scored 5 or 6. The figure shows a monotonic relationship between going hungry to bed and not having the right clothes to fit in, and school engagement. While confidence intervals for estimates are high, the trend in deprivation is clearly downwards as the School Engagement index score increases. Of the six items that comprise the School Engagement index, the strongest relationships with deprivation relate to experience of bullying. Among the 488 respondents (12.65%) who reported experiencing the most bullying, 7.2% reported going hungry to bed, compared with 2.0% who reported lower levels, or no, bullying ($t(3855) = 6.64$; $p < 0.000$); among the same group, 13.9% reported not having the right clothes to fit in, compared with 4.8% who reported lower levels of bullying ($t(3855) = 8.06$; $p < 0.000$).

Figure 16.1: Prevalence of hunger and 'not the right clothes', by School Engagement index score (per cent)



Note: percentages are weighted.

Interviews with young people showed how the stress of not having the right clothes affected their feelings at school. Twelve year old Rose was anxious about going to school in the 'right' clothes. She observed that:

> *[schools] don't consider the weather involved in drying clothes and some people can't afford dryers to dry them.*

In a similar view Louella (13 years), observed that having the wrong clothes could lead to teasing, being ostracised, or bullying

> *if you're wearing, like a trackie ... tracksuit something, they'll just go, 'oh, look what she's wearing', or something. But I don't care. I don't! But ... like girls at our old school ... [this girl] just wore what she could afford, like from an op-shop or something. And op-shops are good to get stuff, and everybody used to pick on her. And all she was wearing was trackie-daks and a top – who cares?*

Some young people also noted that they did not go to school when there was no food in the house and this often lead to significant regular absences from school. Billie (introduced above) said:

> *My mum struggles, she gets paid on Thursdays but struggles on the Wednesday. Me and my brother, if there is no food for school, we don't go to school at all. She has never sent us to school with no food.*

Of the 435 survey participants (11.3%) who reported missing school at least weekly, 7.4% reported regularly going to school or bed hungry, compared with 2.1% who did not miss school so frequently ($t(3855) = 6.46$; $p < 0.000$). Being hungry at school placed young people in vulnerable social positions. Taking up special programs or subsidies rendered young

people as visibly poor as if they were wearing hand me downs. Mark, (aged 14) who reported not having enough food at home on a regular basis said that he was teased on the grounds of *'Being fat, having glasses. How I go to breakfast club every morning and sometimes I'm late so I bring toast to class and they go, oh you still eating Mark'*. These experiences meant he often attempted to convince his mother to let him stay home from school.

One girl reported that she and her sister often went hungry and noted that her sister was often socially excluded because she could be quite anti-social in her interactions, noting 'plus she hits people, or she wants food from them'.

As noted above, deprivation in the space of food and clothing were rarely isolated from other forms of deprivation. Engaging in curriculum at school was difficult for young people who did not have the right things for their classes and often brought students into conflict with teachers. Fatima noted:

> *Sometimes when people don't bring pens they constantly get into trouble … I don't know, not bringing books. I have changed the people that I have been hanging around with, now I hang with the smart people so they do nothing wrong.*

Indeed, 13.8% of the 710 participants who had a low score on the 'positive relationship with teacher' index reported either going to school hungry, or not having the right clothes to fit in, compared with 6.9% who had higher scores on the 'positive relationship with teacher' index ($t(3855) = 6.06$; $p < 0.000$).

16.6 Discussion

Severe deprivation and capability deprivation – what do young people's voices add?

We use the term capability deprivation to describe the constrained opportunities and freedoms, and the amplified experiences of exclusion and even shame, of young Australians who often go hungry or do not have clothes that allow them to fit in. Our survey estimates suggests that 9.3% of Year 4 and 6 participants, and 8.1% of Year 8 participants, experience one or both of these forms of deprivation. In-depth interviews, supported by statistical analysis, show how hunger and inadequate clothing impact on young people's lives in three ways that are consistent with Sen's (1999) concept of absolute capability deprivation: first, Sen (1990) characterises adequate food and clothing as intrinsically important; second, our analysis suggests that some young people who experience inadequacies in food and clothing find it difficult to avoid feelings of shame; and third, many experience disengagement from school. Apart from being intrinsically important in themselves for health, inclusion and belonging, adequate food and the right clothing are also instruments that enable young people's intrinsically important capability achievement of learning.

In interviews, young people often engaged in 'facework' (Pugh, 2009) in order to present a more affluent impression. This was apparent in the following exchange with Mark (introduced above) who was given breakfast every morning at school:

Interviewer: *Are there any other things the Government could do to help families, to helping them with holidays would be the first one. Are there any other things that the Government could do to help?*

Mark: *A bit more pay maybe. Because like and also they have millions and billions of dollars that they're just, that's just sitting there in the bank; they should give at least half of it to the people in…*

Interviewer: *So is food something that's hard like not having enough food or?*

Mark: *Well not for my family it's just …*

Interviewer: *For other?*

Mark: *Yeah other families like the people in poverty.*

At one level, Mark's discourse can be seen as engagement with what Pugh (2009) calls 'the economy of dignity'. "Even for children, consumption is a language, a symbolic medium that communicates a message…" (Pugh, 2009,: 51). This message can be seen in terms of young people like Mark, and Linox (introduced above) constructing a narrative (for us researchers) that downplayed material deprivation. It is about young people developing strategies to escape the shame that Walker (2014) describes as integral to the experience of poverty in neoliberal society. In Walker's paradigm, people who experience poverty feel ashamed at having failed to live up to society's expectations which they internalise as their own. Pugh (2009) shows that young people internalise these expectations from an early age, that they can be reproached by their peers, or otherwise excluded. As Lister (2004) observes, they are 'othered'. This analysis shows that in the Australian context, they are often also marginalised in other respects – as 'disabled', as young people who care for 'disabled' family members, and as Indigenous young people.

Within a neoliberal paradigm, responsibility for hunger, food insecurity and clothing poverty is individualised (Dowler and O'Connor, 2012; Walker, 2014). Society deploys shaming and social marginalisation as strategies for assigning responsibility to the individual who experiences deprivation. The young people's narratives show how this paradigm impacts on their lives. Policy in Australia has long supported neoliberal discourses on shaming by presenting a narrative of employment as a sure route out of poverty, and welfare dependency among those of working age as 'bludging' (Archer, 2009; Engels, 2006; McClure, 2000). However, this individualisation of responsibility, and its concomitant impact on engagement at school, also undermines the neoliberal project, as Heckman (2006) recognises in his call for greater investment in early childhood. Although he states with respect to investment in adolescence that "a serious trade-off exists between equity and efficiency for adolescent and young adult skill policies" (2006 : 1901), he also argues for reinforcing quality early childhood education with continued high-quality learning in order to maximise human capital development, and (ultimately) economic growth. The analysis of young people's voices in this paper suggests that deprivation in the space of food and clothing is a severe drain on school engagement, and by extension, on human capital development.

Conclusion

The analysis we presented here suggests that poverty in the space of food and/or clothing is experienced by a significant proportion of Australian children (Years 4 and 6: 9%; Year 8: 8%). In this paper, we use Amartya Sen's Capabilities Approach to elaborate on how this poverty impacts on young people's freedoms and opportunities to live a life they have reason to value. Severe deprivation in the space of basics such as food and clothing has been neglected by policymakers in Australia, in spite of growing evidence in this country and elsewhere of its adverse impact on young people's development and educational achievement (Anglicare Australia, 2012; Holloway, Mahony, Royston *et al.*, 2014; Skattebol *et al.*, 2012). This lack of attention is surprising, not only because of the country's affluence, but also because it has largely escaped the Great Recession of recent years that has had a huge impact on child poverty and wellbeing, and subsequently on public expenditure, in many other OECD countries (Redmond, Patulny and Whiteford, 2013).[6] The lack of attention on severe deprivation also works against the stated policy project of successive Australian governments of maximising human capital development in order to foster greater economic growth and "ensure that socioeconomic disadvantage ceases to be a significant determinant of educational outcomes." (MCEETYA, 2008 :7). The current policy focus on trimming public expenditure may indeed have the impact of increasing poverty in Australia in the coming years, with particularly large losses in income predicted for low income lone parent families (Phillips, 2015).

This Chapter makes two contributions to knowledge: first, that large proportions of Australian young people in their middle years experience food and/or clothing poverty; and second, that these forms of poverty impact not only on their day-to-day living standards, but also on their engagement in education. While the survey findings outline the dimensions of the issue, the analysis of in-depth interviews shows that experience of severe hunger and clothing poverty is often associated, not with the impoverishment of single families, but the impoverishment of whole networks. The young people we spoke to related how their families often sought support from other people in their social and familial networks to get them through the next payday when the money ran low. Deprivation crises appeared more likely to occur when these networks broke down, or were unable to help. Further research could useful analyse the role of networks in protecting young people from severe deprivation, and the extent to which these networks are sustained over long periods. Such research could uncover new evidence on the adequacy of income support systems in Australia, especially for socially isolated families facing new crisis. Our expectation, based on the findings in this paper, is that the Australian income support system may perhaps be adequate to cover families' short term basic needs. However the young people's narratives revealed here suggest that it is not sufficient for coping with long term entrenched poverty, especially where families do not have support networks to call on.

[6] In this respect, it is worth noting that large once-only lump-sum transfers to families with children and people in receipt of most government payments (but not unemployment related payments) appear to have had a significant positive impact, albeit a temporary one, on the lives of severely disadvantaged young people, as reported to the authors. See Skattebol et al. (2012).

16.7 Appendix: Construction of the School Engagement Index

The School engagement Index was constructed from six binary indicators derived from Australian Child Wellbeing Survey database. Each is explained in brief below.

1. **School satisfaction**

This indicator is calculated from the School Satisfaction Scale (developed for the Longitudinal Surveys of Australian Youth), which is in turn derived from the following six items

My school is a place where…

…I feel happy

…I really like to go to each day

…I find that learning is a lot of fun

…I feel safe and secure

…I like learning

…I get enjoyment from being there

Responses ranged from 0 (strongly disagree) to 3 (strongly agree). Cronbach's Alpha for this scale is 0.89 in Years 4 and 6, and in Year 8. The six items were aggregated into an additive scale with a value range of 0-18. Observations with a score on this scale of 0-8 (14.4% of Year 6 and 8 observations) were given a score of 0 on the School Engagement Scale, and observations with a score of 9 or more were given a score of 1.

Table 16.3: School Satisfaction Scale, Year 6 & 8 participants (per cent)

Scale value	Unweighted N	Weighted per cent	Cumulative per cent	Materially disadvantaged	Goes hungry to school or bed at least sometimes	Often goes hungry to school or bed	Does not have the right clothes
0	72	1.3	1.3				
1	20	0.3	1.5				
2	44	0.7	2.2				
3	30	0.5	2.7	U: 12.1% [9.2 – 15.1]	U: 22.2% [18.9 – 25.5]	U: 5.9% [3.9 – 7.9]	U: 9.0% [7.3 – 10.7]
4	48	0.9	3.6				
5	48	1.2	4.8	W: 13.4% [8.4 – 18.5]	W: 26.0% [19.7 – 32.2]	W: 5.5% [2.8 – 8.3]	W: 8.9% [6.1 – 11.8]
6	127	2.9	7.6				
7	138	2.3	10.0				
8	234	4.5	14.4				
9	279	5.6	20.1				
10	391	7.9	28.0				
11	359	8.5	36.5				
12	815	21.5	58.0				
13	278	9.0	67.0	U: 7.5% [6.0 – 9.0]	U: 11.3% [9.7 – 12.9]	U: 1.9% [1.3 – 2.4]	U: 5.2% [4.2 – 6.2]
14	237	8.0	75.0	W: 8.9 [7.0 – 10.7]	W: 12.9% [9.7 – 16.1]	W: 1.6% [0.7 – 2.6]	W: 4.8% [3.1 – 6.6]
15	202	5.8	80.8				
16	155	4.9	85.7				
17	117	3.8	89.5				
18	263	10.5	100.0				
Total	3,857	100.0		U: p<0.000 W: p=0.091	U: p<0.000 W: p<0.000	U: p<0.000 W: p=0.013	U: p<0.000 W: p=0.013

Note: U = unweighted estimate; W = weighted estimate; p-values refer to probability that percentages in each 'poverty' category (low family affluence, goes to school or bed hungry at least sometimes, or often, and does not have the right clothes)are the same. See Chapter 4 for definition of materially disadvantaged.

2. Enjoys a positive relationship with a teacher or other adult at the school

This indicator was derived from the Teacher Support Scale (Constantine & Benard, B, 2001), originally constructed for the California healthy Kids Survey. The scale comprises 3 items:

At my school, there is a teacher or another adult …

… who really cares about me

… who believes that I will be a success

… who listens to me when I have something to say

Responses ranged from 0 (Not at all true) to 3 (Very much true), giving a final scale range of 0-9. Cronbach's Alpha was 0.81 for Year 6 respondents, and 0.85 for Year 8 respondents. Observations with a score on this scale of 0-3 (14.7% of Year 6 and 8 observations) were given a score of 0 on the School Engagement Scale, and observations with a score of 4 or more were given a score of 1.

Table 16.4: Teacher Support Scale, Year 6 & 8 participants (per cent)

Scale value	Unweighted N	Weighted per cent	Cumulative per cent	Materially disadvantaged	Goes hungry to school or bed at least sometimes	Often goes hungry to school or bed	Does not have the right clothes
0	99	1.81	1.81				
1	105	1.71	3.52	U: 12.1% [9.0 – 15.2]	U: 20.7% [17.0 – 24.3]	U: 6.1% [4.1 – 8.1]	U: 8.9% [7.0 – 10.8]
2	124	2.32	5.84	W: 14.7% {9.7 – 19.8]	W: 23.0% [18.2 – 27.9]	W: 5.5% [2.6 – 8.4]	W: 11.0% [6.9 – 15.0]
3	382	8.83	14.67				
4	376	8.32	22.99				
5	445	9.5	32.49				
6	822	21.21	53.7	U: 7.6% [6.0 – 9.1]	U: 11.8% [10.2 – 13.4]	U: 1.9% [1.4 – 2.4]	U: 5.3% [4.3 – 6.2]
7	411	11.19	64.89	W: 8.6% [7.0 – 10.2]	W: 13.4% [10.2 – 16.6]	W: 1.6% [1.0 – 2.3]	W: 4.5% [2.9 – 6.0]
8	421	13.69	78.58				
9	672	21.42	100				
Total	3,857	100		U:p=0.002 W:p=0.012	U:p<0.000 W:p<0.000	U:p<0.000 W:p=0.006	U:p<0.000 W:p=0.001

Note: U = unweighted estimate; W = weighted estimate; p-values refer to probability that percentages in each 'poverty' category (low family affluence, goes to school or bed hungry at least sometimes, or often, and does not have the right clothes)are the same. See Chapter 4 for definition of materially disadvantaged.

3. Bullying

Questions on bullying in the ACWP survey instrument were taken from Cross et al. (2009). This scale has been validated and is widely used in Australia.

THIS TERM how often did these things happen to you?

Students deliberately ignored or left me out of a group to hurt me

I was teased in nasty ways

I had a student tell lies about me behind my back, to make other students not like me

I've been made to feel afraid I would get hurt

I had secrets told about me to others behind my back, to hurt me

A group decided to hurt me by ganging up on me

Responses ranged from 0 (This did not happen to me this term) to 4 (Several times a week or more this term were added to give a final scale range of 0-24. Cronbach's Alpha was 0.9 for both Year 6 and Year 8 respondents. Observations with a score on this scale of 0-5, indicating very low levels of bullying, were given a score of 1, and observations with a score in the range 6-24 (15.3% of Year 6 and 8 observations) were given a score of 0 on the School Engagement Scale. Only 3.9% of observations had a score of 15 or more on the bullying scale.

Table 16.5: Bullying Scale, Year 6 & 8 participants (per cent)

Scale value	Unweighted N	Weighted per cent	Cumulative per cent	Materially disadvantaged	Goes hungry to school or bed at least sometimes	Often goes hungry to school or bed	Does not have the right clothes
0	1,771	43.4	43.4				
1	517	14.3	57.6	U: 7.5% [5.9 – 9.0]	U: 11.0% [9.4 – 12.5]	U: 1.8% [1.3 – 2.4]	U: 4.8% [4.0 – 5.7]
2	412	11.0	68.6				
3	278	7.6	76.2	W: 8.3% [6.5 – 10.1]	W: 12.6% [9.6 – 15.7]	W: 1.7% [0.9 – 2.4]	W: 4.3% [2.4 – 6.2]
4	183	5.2	81.4				
5	117	3.2	84.7				
6	105	2.5	87.2				
7	64	1.9	89.1				
8	55	1.9	91.0				
9	49	1.1	92.1	U: 13.7% [10.6 – 16.8]	U: 27.6% [24.1 – 31.1]	U: 7.5% [5.3 – 9.7]	U: 12.3% [9.5 - 15.1]
10	41	1.1	93.2				
11	25	0.6	93.8	W: 16.5% [11.4 – 21.7]	W: 27.0% [20.7 – 33.2]	W: 5.3% [2.4 – 8.2]	W: 11.7% [7.1 – 16.2]
12	41	1.0	94.7				
13	28	0.6	95.3				
14	26	0.8	96.1				
15-24	145	3.9	100.0				
Total	3,857	100.0		U:p<0.000 W:p=0.004	U:p<0.000 W:p<0.000	U:p<0.000 W:p=0.011	U:p<0.000 W:p=0.006

Note: U = unweighted estimate; W = weighted estimate; p-values refer to probability that percentages in each 'poverty' category (low family affluence, goes to school or bed hungry at least sometimes, or often, and does not have the right clothes)are the same. See Chapter 4 for definition of materially disadvantaged.

4. Subjective assessment of school performance

ACWP respondents were asked the following question from the Health Behaviour in School Aged Children Survey (Currie et al., 2012):

In your opinion, what does your class teacher(s) think about your school performance compared to your classmates?

Responses to this question are in Table A4 below. Observations ranking 'below average' or 'average' were given a score of 0 on the School Engagement Scale (19.8% of all observations), while observations ranking 'good' or 'very good' were given a score of 1.

Table 16.6: How does your teacher think about your school performance compared to your classmates? Year 6 & 8 participants (per cent)

	Unweight-ed N	Weight-ed per cent	Cumulative per cent	Materially disadvant-aged	Goes hungry to school or bed at least sometimes	Often goes hungry to school or bed	Does not have the right clothes
Below average	112	2.1	2.1	U: 12.4% [9.5 – 15.3]	U: 18.6% [15.7 – 21.4]	U: 4.5% [3.0 – 5.9]	U: 9.1% [7.1 – 11.0]
Average	784	17.7	19.8	W: 17.4% [11.6 – 23.3]	W: 21.3% [16.2 – 26.4]	W: 4.2% [1.7 – 6.8]	W: 10.1% [5.9 – 14.3]
Good	1,780	45.9	65.7	U: 7.2% [5.6 – 8.8]	U: 11.9% [10.2 – 13.6]	U: 2.1% [1.5 – 2.8]	U: 5.0% [4.1 – 5.9]
Very good	1,181	32.3	100.0	W: 7.6% [6.2 – 9.0]	W: 13.2 [9.5 – 16.9]	W: 1.7% [0.7 – 2.7]	W: 4.3% [3.0 – 5.6]
Total	3,857	100.0		U:p<0.000 W:p=0.001	U:p<0.000 W:p=0.015	U:p=0.003 W:p=0.092	U:p<0.000 W:p=0.003

Note: U = unweighted estimate; W = weighted estimate; p-values refer to probability that percentages in each 'poverty' category (low family affluence, goes to school or bed hungry at least sometimes, or often, and does not have the right clothes)are the same. See Chapter 4 for definition of materially disadvantaged.

5. Feeling pressured by schoolwork

ACWP respondents were also asked the following question from the Health Behaviour in School Aged Children Survey (Currie et al., 2012):

How pressured do you feel by the schoolwork you have to do?

Responses to this question are in Table A5 below. Observations responding 'not at all', 'a little' or 'some' were given a score of 1 on the School Engagement Scale, while observations responding 'a lot' (13.4% of all observations) were given a score of 0.

Table 16.7: How pressured do you feel by the schoolwork? Year 6 & 8 participants (per cent)

	Unweighted N	Weighted per cent	Cumulative per cent	Materially disadvantaged	Goes hungry to school or bed at least sometimes	Often goes hungry to school or bed	Does not have the right clothes
Not at all	392	14.6	14.6	U: 7.7% [6.2 – 9.3] W: 9.2% [7.3 – 11.0]	U: 12.0% [10.3 – 13.7] W: 13.9% [10.2 – 17.6]	U: 2.1% [1.5 – 2.7] W: 2.1% [1.1 – 3.0]	U: 5.7% [3.8 – 5.7] W: 4.6% [2.7 – 6.4]
A little	1,566	44.2	58.7				
Some	1,211	27.9	86.6				
A lot	688	13.4	100.0	U: 11.4% [8.5 – 14.4] W: 11.8% [7.6 – 16.0]	U: 20.2% [17.0 – 23.5] W: 20.5% [15.5 – 25.4]	U: 5.2% [3.6 – 6.9] W: 3.1% [1.4 – 4.8]	U: 11.5% [9.3 – 13.7] W: 11.0% [7.3 – 14.7]
Total	3,857	100.0		U: p=0.005 W:p=0.240	U: p<0.000 W:p=0.069	U: p<0.000 W:p=0.297	U:p<0.000 W:p=0.004

Note: U = unweighted estimate; W = weighted estimate; p-values refer to probability that percentages in each 'poverty' category (low family affluence, goes to school or bed hungry at least sometimes, or often, and does not have the right clothes)are the same. See Chapter 4 for definition of materially disadvantaged.

6. Missing school

Finally, ACWP respondents were asked about missing school (for any reason):

Last term, how many times have you missed school?

Responses to this question are in Table A6 below. Observations responding 'never' or 'hardly ever' were given a score of 1 on the School Engagement Scale, while observations responding 'about once a week', 'most days' or 'every day' (10.6% of all observations) were given a score of 0.

Table 16.8: How often have you missed school in the past term? Year 6 & 8 participants (per cent)

	Unweighted N	Weighted per cent	Cumulative per cent	Materially disadvantaged	Goes hungry to school or bed at least sometimes	Often goes hungry to school or bed	Does not have the right clothes
Never	667	19.1	19.1	U: 7.3% [5.9 – 8.7] W: 8.6% [7.0 – 10.1]	U: 11.7% [10.3 – 13.1] W: 13.0% [10.0 – 15.9]	U: 2.1% [1.5 -2.7] W: 1.7% [1.0 – 2.4]	U: 5.8% [4.9 – 6.7] W: 4.8% [3.7 – 5.9]
Hardly ever	2,755	70.3	89.4				
About once a week	305	7.6	97.0	U: 16.8% [12.6 – 20.9] W: 17.5% [9.6 – 25.3]	U: 27.1% [22.9 – 31.3] W: 30.2% [21.2 – 39.1]	U: 7.4% [4.9 – 9.8] W: 6.6% [2.5 – 10.8]	U: 7.4% [4.5 – 10.2] W: 10.9% [3.5 – 18.2]
Most days	116	2.7	99.7				
Every day	14	0.3	100.0				
Total	3,857	100.0		U:p<0.000 W:p=0.027	U: p<0.000 W:p<0.000	U:p<0.000 W:p=0.020	U:p=0.274 W:p=0.083

Note: U = unweighted estimate; W = weighted estimate; p-values refer to probability that percentages in each 'poverty' category (low family affluence, goes to school or bed hungry at least sometimes, or often, and does not have the right clothes)are the same. See Chapter 4 for definition of materially disadvantaged.

Chapter 17 Conclusion

Improving the wellbeing of Australia's population is a policy priority for Australian governments. As noted in Chapter 1, this is expressed in important high level government policy statements produced by the Australian Treasury and COAG bodies. Australian governments therefore propose a national aspiration towards maximising of opportunity. This includes the aspirations that a young person's background (including culture, disability, family circumstances, socio-economic status and remoteness) should not influence his/her achievements, and that the gap in key social and economic outcomes between Indigenous and non-Indigenous people should be closed.

To summarise findings in this report, indicators of wellbeing in the domains of family, school, health and relationships with peers are positive for most young people. However, a large minority experience low wellbeing. The study shows how contexts matter, and how outcomes in one domain of young peoples' lives are associated with outcomes in other domains. The relationship between hunger or material disadvantage and low school engagement is one example of these associations. The relationship between pressure from schoolwork and health complaints is another. Low wellbeing, linked across multiple domains, is an issue for policy because it can lead to lost opportunities for young people's healthy development, and for development of their human and social capital.

Moreover, the findings in this report strongly reinforce existing evidence that at present in Australia, young people's backgrounds *do* matter. Young people in one or more of the marginalised groups analysed in this report are more likely than young people who are not marginalised to experience low wellbeing – for example, more health complaints, more challenges at school, and more bullying. This matters for the young people themselves, and for policy.

17.1 Lessons learned

This report has sought to address a gap in the information necessary for policy to make progress towards achieving national aspiration of maximising opportunity for all young people. In order to ensure that all young people are able to take advantage of the opportunities available to them, the following four points need to be embedded in policy:

(1) The middle years are important. The findings from this project, as well as other research, shows that there is a lot going on in young people's lives at this time, and policy needs to pay attention to more than their academic achievement.

(2) Marginalisation matters. Marginalisation is associated with low wellbeing. For example, it is evident from this study that young people who are marginalised report worse health and do not engage in school to the same extent as young people who are not marginalised. This is problematic in terms of their health and human capital development.

(3) Young people are experts in their lives. They were the key informants in this study, and should be the key informants on policies affecting them.

(4) Policy action to improve the wellbeing of young people in their middle years must be accompanied by rigorous monitoring and evaluation of progress. This is already occurring in terms of academic achievement. However, monitoring other forms of achievements needs strengthening, especially with respect to young people in their middle years.

17.2 Policy implications

Opportunities, capabilities, and second chances

The findings in this report show that the majority of young people are doing well. The implication is that institutions in society and services such as education are working well for them. This raises the question of why these same institutions and services do not work for all young people. In analysing disparities in young people's outcomes globally, the World Bank (2007) highlights the importance of opportunities, capabilities and second chances. Marginalised young people often have difficulties in accessing the opportunities that should be available to all young people for supporting their healthy development. Factors identified in this report as being associated with these difficulties include lack of material resources, low engagement at school, multiple health complaints, bullying, and lack of support networks. In addressing these issues, governments need to support young people's capabilities to take advantage of the opportunities that should be available to them. Ideally, this should involve reinforcing of investments in the early years to ensure that young people's positive development continues through the middle years, including the transition from primary to secondary school, and into adolescence. For many marginalised young people, it may involve the development of strategies to ensure that they are afforded second chances in the primary and early secondary school years. As the Melbourne Declaration (MCEETYA, 2008) implies, policy has to work, not only for young people who already have the capabilities to access opportunities, but also for those who society has left behind.

Joined-up approaches

Policy needs to be more active in working across the different domains of young people's lives. While wellbeing should not be directly equated with mental health, it is useful in this respect to cite the Australian Government's (2015) recent response to the Review of Mental Health Programmes and Services:

> *This is an area where efforts have been particularly fragmented and have operated in silos, failing to connect providers, families and schools to information and supports which are needed to get the best services and outcomes for children. Children need a supportive school and family environment, and need to build resilience skills and protective factors to help promote a mentally healthy life. Children at heightened risk of mental illness and their families and carers need to be able to access health and broader social support services, be assisted by professionals who are able to identify early problems and intervene early, and have access to services which they are likely to feel comfortable using. (Department of Health, 2015: 21)*

The key points in the Australian Government's response – that providers in health, education and other areas of service design and delivery need to coordinate their actions across policy silos, that children need a supportive school and family environment, and that

children and their families need be able to access services that they are comfortable using – are echoed in The Department of Social Services' current Action Plan for protecting Australia's children (2015).

Coordination across silos is firmly on the policy agenda. Such an approach is supported by what young people told researchers on this project. Young people who are marginalised can clearly see the links between their own and their families' health, the material and other resources available to them, and their approach to – and engagement with - education. Coordination will facilitate policy in explicitly making those connections too, so that families have sufficient resources to ensure that young people do not go to school or bed hungry, that young people have the support they need, from family, peers and community, to thrive, and that schools and other services adapt better to the needs of young people who are marginalised in terms of their wellbeing.

Listening young people

The underlying premise of the Australian Child Wellbeing Project is that young people, particularly young people in their middle years, are competent individuals, and experts in their own lives. If services are to effectively engage and support young people, then policymakers need to actively listen to young people, monitor their wellbeing over the long term and to track progress towards improving outcomes for all young people. This should include:

- Build into policy reform processes ongoing consultations with young people on what a service that they are comfortable with would look like.
- Agree, in consultation with young people and other stakeholders, priority areas for policy action across interconnected domains (family, school, health, peer relations, material disadvantage)
- Monitor progress towards reducing disadvantage and marginalisation so that all young people can access the supports and opportunities that services such as education and health care provide

Many of these steps are already being undertaken. For example, the NSW Youth Health Policy 2011-2016 recognises the importance of consultation with young people on health services that are aimed at them. Jurisdictional authorities across Australia encourage students at primary and secondary levels to be involved in student representative councils. Children's Commissioners in states and territories across the country have engaged in wide-ranging consultations with young people on a range of issues, including wellbeing. Nonetheless, consultation with young people does not appear to be mainstreamed in policy. With respect to The Department of Social Services' current Action Plan for protecting Australia's children, in May 2015 the Australian Children's Commissioner and Guardians Group emphasised the need for "a solid commitment to ongoing, meaningful, and respectful consultation with children and young people about the Plan and issues important to them."

Monitoring progress

Monitoring of young people's wellbeing through their middle years has been a recent focus of attention for the Australian Institute of Health and Welfare. The AIHW (which has actively supported the Australian Child Wellbeing Project) has developed sets of headline indicators

for the development and wellbeing of both children (aged 0-12 years) and youth (aged 12-24 years), and a user-friendly National Youth Information Framework. These initiatives are vital for developing an overall summary picture of trends in young people's wellbeing.

However, more complex ongoing monitoring, mirroring the more complex coordination of policy across portfolios such as is now being undertaken in mental health and child protection services, is needed if the success of these approaches is to be adequately evaluated. This should include monitoring of young people's own perspectives on their lives, their wellbeing, and the services that are provided for them. Such information will support policymakers in evaluating trends in marginalisation and their implications for the perpetuation of disadvantage through generations. It will also allow reassessment of the connections between the different domains of young people's wellbeing, and the effectiveness of services.

Finally, well-designed ongoing and internationally comparable monitoring will give policymakers the information they need on the health and development of young people in Australia comparison with that in other countries. National tests and international comparisons on academic achievement provide vital information on the learning performance of Australian students. Ongoing monitoring and international comparisons in the broader aspects of young people's wellbeing will give policymakers the opportunity to assess progress in maximising opportunities for all young people, and draw lessons from the best performing jurisdictions on young people's healthy development and the factors that influence it.

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